

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$22,241,282	\$23,292,786	\$1,051,504	5%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$36,493,910	\$36,543,623	\$49,713	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$69,761	\$16,427	(\$53,334)	-76%
5	Due From Affiliates	\$103,936	\$19,913	(\$84,023)	-81%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$4,999,628	\$4,849,198	(\$150,430)	-3%
8	Prepaid Expenses	\$2,143,994	\$3,335,302	\$1,191,308	56%
9	Other Current Assets	\$1,819,459	\$1,099,043	(\$720,416)	-40%
	Total Current Assets	\$67,871,970	\$69,156,292	\$1,284,322	2%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$13,240,758	\$14,035,818	\$795,060	6%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$13,240,758	\$14,035,818	\$795,060	6%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$102,243,230	\$114,413,657	\$12,170,427	12%
7	Other Noncurrent Assets	\$13,404,680	\$13,559,363	\$154,683	1%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$349,738,416	\$368,321,929	\$18,583,513	5%
2	Less: Accumulated Depreciation	\$229,023,210	\$246,081,335	\$17,058,125	7%
	Property, Plant and Equipment, Net	\$120,715,206	\$122,240,594	\$1,525,388	1%
3	Construction in Progress	\$3,463,048	\$3,186,504	(\$276,544)	-8%
	Total Net Fixed Assets	\$124,178,254	\$125,427,098	\$1,248,844	1%
	Total Assets	\$320,938,892	\$336,592,228	\$15,653,336	5%

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LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$21,371,282	\$25,218,831	\$3,847,549	18%
2	Salaries, Wages and Payroll Taxes	\$13,045,926	\$11,779,341	(\$1,266,585)	-10%
3	Due To Third Party Payers	\$14,739,235	\$19,449,485	\$4,710,250	32%
4	Due To Affiliates	\$0	\$40,867	\$40,867	0%
5	Current Portion of Long Term Debt	\$3,514,668	\$3,889,577	\$374,909	11%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$19,310,583	\$15,934,273	(\$3,376,310)	-17%
	Total Current Liabilities	\$71,981,694	\$76,312,374	\$4,330,680	6%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$30,545,000	\$28,910,000	(\$1,635,000)	-5%
2	Notes Payable (Net of Current Portion)	\$6,266,837	\$5,307,519	(\$959,318)	-15%
	Total Long Term Debt	\$36,811,837	\$34,217,519	(\$2,594,318)	-7%
3	Accrued Pension Liability	\$79,467,252	\$80,880,107	\$1,412,855	2%
4	Other Long Term Liabilities	\$10,192,757	\$11,627,088	\$1,434,331	14%
	Total Long Term Liabilities	\$126,471,846	\$126,724,714	\$252,868	0%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$87,443,879	\$96,622,401	\$9,178,522	10%
2	Temporarily Restricted Net Assets	\$15,200,271	\$16,296,477	\$1,096,206	7%
3	Permanently Restricted Net Assets	\$19,841,202	\$20,636,262	\$795,060	4%
	Total Net Assets	\$122,485,352	\$133,555,140	\$11,069,788	9%
	Total Liabilities and Net Assets	\$320,938,892	\$336,592,228	\$15,653,336	5%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$834,657,877	\$809,324,847	(\$25,333,030)	-3%
2	Less: Allowances	\$459,849,366	\$435,992,445	(\$23,856,921)	-5%
3	Less: Charity Care	\$7,075,484	\$8,420,471	\$1,344,987	19%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$367,733,027	\$364,911,931	(\$2,821,096)	-1%
5	Other Operating Revenue	\$14,803,908	\$13,664,442	(\$1,139,466)	-8%
6	Net Assets Released from Restrictions	\$777,708	\$1,144,549	\$366,841	47%
	Total Operating Revenue	\$383,314,643	\$379,720,922	(\$3,593,721)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$144,516,450	\$145,405,507	\$889,057	1%
2	Fringe Benefits	\$43,099,335	\$51,980,699	\$8,881,364	21%
3	Physicians Fees	\$8,591,910	\$9,990,396	\$1,398,486	16%
4	Supplies and Drugs	\$53,692,145	\$54,167,261	\$475,116	1%
5	Depreciation and Amortization	\$17,530,247	\$17,496,832	(\$33,415)	0%
6	Bad Debts	\$17,638,340	\$9,548,336	(\$8,090,004)	-46%
7	Interest	\$1,892,811	\$1,545,904	(\$346,907)	-18%
8	Malpractice	\$7,328,946	\$7,398,814	\$69,868	1%
9	Other Operating Expenses	\$77,617,929	\$83,942,787	\$6,324,858	8%
	Total Operating Expenses	\$371,908,113	\$381,476,536	\$9,568,423	3%
	Income/(Loss) From Operations	\$11,406,530	(\$1,755,614)	(\$13,162,144)	-115%
C. Non-Operating Revenue:					
1	Income from Investments	\$4,243,618	\$7,343,204	\$3,099,586	73%
2	Gifts, Contributions and Donations	\$1,054,227	\$1,195,945	\$141,718	13%
3	Other Non-Operating Gains/(Losses)	(\$1,971,035)	(\$1,343,101)	\$627,934	-32%
	Total Non-Operating Revenue	\$3,326,810	\$7,196,048	\$3,869,238	116%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$14,733,340	\$5,440,434	(\$9,292,906)	-63%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$14,733,340	\$5,440,434	(\$9,292,906)	-63%
	Principal Payments	\$3,572,676	\$3,670,857	\$98,181	3%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$201,862,921	\$186,858,245	(\$15,004,676)	-7%
2	MEDICARE MANAGED CARE	\$39,782,421	\$43,083,820	\$3,301,399	8%
3	MEDICAID	\$32,620,274	\$33,963,456	\$1,343,182	4%
4	MEDICAID MANAGED CARE	\$22,939,250	\$24,622,008	\$1,682,758	7%
5	CHAMPUS/TRICARE	\$517,947	\$754,937	\$236,990	46%
6	COMMERCIAL INSURANCE	\$1,831,619	\$3,683,404	\$1,851,785	101%
7	NON-GOVERNMENT MANAGED CARE	\$111,695,470	\$103,543,373	(\$8,152,097)	-7%
8	WORKER'S COMPENSATION	\$2,144,186	\$1,568,922	(\$575,264)	-27%
9	SELF- PAY/UNINSURED	\$4,796,385	\$5,651,953	\$855,568	18%
10	SAGA	\$12,609,294	\$13,232,447	\$623,153	5%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$430,799,767	\$416,962,565	(\$13,837,202)	-3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$103,515,710	\$100,704,943	(\$2,810,767)	-3%
2	MEDICARE MANAGED CARE	\$23,758,626	\$24,772,725	\$1,014,099	4%
3	MEDICAID	\$21,922,404	\$25,269,391	\$3,346,987	15%
4	MEDICAID MANAGED CARE	\$41,780,362	\$45,485,258	\$3,704,896	9%
5	CHAMPUS/TRICARE	\$661,469	\$669,381	\$7,912	1%
6	COMMERCIAL INSURANCE	\$2,991,509	\$3,520,322	\$528,813	18%
7	NON-GOVERNMENT MANAGED CARE	\$167,517,698	\$153,282,237	(\$14,235,461)	-8%
8	WORKER'S COMPENSATION	\$4,924,460	\$4,568,741	(\$355,719)	-7%
9	SELF- PAY/UNINSURED	\$15,715,137	\$14,929,960	(\$785,177)	-5%
10	SAGA	\$13,304,483	\$10,574,526	(\$2,729,957)	-21%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$396,091,858	\$383,777,484	(\$12,314,374)	-3%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$305,378,631	\$287,563,188	(\$17,815,443)	-6%
2	MEDICARE MANAGED CARE	\$63,541,047	\$67,856,545	\$4,315,498	7%
3	MEDICAID	\$54,542,678	\$59,232,847	\$4,690,169	9%
4	MEDICAID MANAGED CARE	\$64,719,612	\$70,107,266	\$5,387,654	8%
5	CHAMPUS/TRICARE	\$1,179,416	\$1,424,318	\$244,902	21%
6	COMMERCIAL INSURANCE	\$4,823,128	\$7,203,726	\$2,380,598	49%
7	NON-GOVERNMENT MANAGED CARE	\$279,213,168	\$256,825,610	(\$22,387,558)	-8%
8	WORKER'S COMPENSATION	\$7,068,646	\$6,137,663	(\$930,983)	-13%
9	SELF- PAY/UNINSURED	\$20,511,522	\$20,581,913	\$70,391	0%
10	SAGA	\$25,913,777	\$23,806,973	(\$2,106,804)	-8%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$826,891,625	\$800,740,049	(\$26,151,576)	-3%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$81,164,673	\$76,322,787	(\$4,841,886)	-6%
2	MEDICARE MANAGED CARE	\$15,069,682	\$16,457,392	\$1,387,710	9%
3	MEDICAID	\$9,214,544	\$11,671,280	\$2,456,736	27%
4	MEDICAID MANAGED CARE	\$7,613,551	\$8,746,883	\$1,133,332	15%
5	CHAMPUS/TRICARE	\$108,143	\$182,086	\$73,943	68%
6	COMMERCIAL INSURANCE	\$224,014	\$1,322,177	\$1,098,163	490%
7	NON-GOVERNMENT MANAGED CARE	\$59,434,702	\$56,424,606	(\$3,010,096)	-5%
8	WORKER'S COMPENSATION	\$2,144,186	\$1,568,922	(\$575,264)	-27%
9	SELF- PAY/UNINSURED	\$45,806	\$583,493	\$537,687	1174%
10	SAGA	\$2,331,833	\$2,694,797	\$362,964	16%
11	OTHER	\$0	\$0	\$0	0%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$177,351,134	\$175,974,423	(\$1,376,711)	-1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$28,653,146	\$28,882,178	\$229,032	1%
2	MEDICARE MANAGED CARE	\$6,899,505	\$7,233,636	\$334,131	5%
3	MEDICAID	\$6,760,798	\$8,392,795	\$1,631,997	24%
4	MEDICAID MANAGED CARE	\$15,646,550	\$20,482,012	\$4,835,462	31%
5	CHAMPUS/TRICARE	\$250,766	\$201,216	(\$49,550)	-20%
6	COMMERCIAL INSURANCE	\$1,102,465	\$1,511,953	\$409,488	37%
7	NON-GOVERNMENT MANAGED CARE	\$98,077,308	\$94,209,503	(\$3,867,805)	-4%
8	WORKER'S COMPENSATION	\$4,924,460	\$4,568,741	(\$355,719)	-7%
9	SELF- PAY/UNINSURED	\$2,421,250	\$5,500,273	\$3,079,023	127%
10	SAGA	\$2,164,640	\$1,756,436	(\$408,204)	-19%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$166,900,888	\$172,738,743	\$5,837,855	3%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$109,817,819	\$105,204,965	(\$4,612,854)	-4%
2	MEDICARE MANAGED CARE	\$21,969,187	\$23,691,028	\$1,721,841	8%
3	MEDICAID	\$15,975,342	\$20,064,075	\$4,088,733	26%
4	MEDICAID MANAGED CARE	\$23,260,101	\$29,228,895	\$5,968,794	26%
5	CHAMPUS/TRICARE	\$358,909	\$383,302	\$24,393	7%
6	COMMERCIAL INSURANCE	\$1,326,479	\$2,834,130	\$1,507,651	114%
7	NON-GOVERNMENT MANAGED CARE	\$157,512,010	\$150,634,109	(\$6,877,901)	-4%
8	WORKER'S COMPENSATION	\$7,068,646	\$6,137,663	(\$930,983)	-13%
9	SELF- PAY/UNINSURED	\$2,467,056	\$6,083,766	\$3,616,710	147%
10	SAGA	\$4,496,473	\$4,451,233	(\$45,240)	-1%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$344,252,022	\$348,713,166	\$4,461,144	1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	7,713	7,120	(593)	-8%
2	MEDICARE MANAGED CARE	1,508	1,618	110	7%
3	MEDICAID	1,348	1,632	284	21%
4	MEDICAID MANAGED CARE	1,935	2,410	475	25%
5	CHAMPUS/TRICARE	33	37	4	12%
6	COMMERCIAL INSURANCE	115	150	35	30%
7	NON-GOVERNMENT MANAGED CARE	6,313	5,664	(649)	-10%
8	WORKER'S COMPENSATION	75	59	(16)	-21%
9	SELF- PAY/UNINSURED	460	334	(126)	-27%
10	SAGA	567	493	(74)	-13%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	20,067	19,517	(550)	-3%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	39,338	35,022	(4,316)	-11%
2	MEDICARE MANAGED CARE	7,435	7,337	(98)	-1%
3	MEDICAID	6,691	7,840	1,149	17%
4	MEDICAID MANAGED CARE	5,915	6,639	724	12%
5	CHAMPUS/TRICARE	130	185	55	42%
6	COMMERCIAL INSURANCE	351	700	349	99%
7	NON-GOVERNMENT MANAGED CARE	22,195	20,290	(1,905)	-9%
8	WORKER'S COMPENSATION	197	176	(21)	-11%
9	SELF- PAY/UNINSURED	1,698	1,083	(615)	-36%
10	SAGA	2,548	2,600	52	2%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	86,498	81,872	(4,626)	-5%
C.	OUTPATIENT VISITS				

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	64,314	65,986	1,672	3%
2	MEDICARE MANAGED CARE	15,326	17,453	2,127	14%
3	MEDICAID	14,363	19,187	4,824	34%
4	MEDICAID MANAGED CARE	33,137	38,935	5,798	17%
5	CHAMPUS/TRICARE	480	513	33	7%
6	COMMERCIAL INSURANCE	3,268	3,063	(205)	-6%
7	NON-GOVERNMENT MANAGED CARE	113,104	110,097	(3,007)	-3%
8	WORKER'S COMPENSATION	1,818	1,928	110	6%
9	SELF- PAY/UNINSURED	9,414	9,925	511	5%
10	SAGA	7,945	6,334	(1,611)	-20%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	263,169	273,421	10,252	4%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$19,218,419	\$19,024,985	(\$193,434)	-1%
2	MEDICARE MANAGED CARE	\$4,033,750	\$4,213,977	\$180,227	4%
3	MEDICAID	\$10,011,673	\$12,713,481	\$2,701,808	27%
4	MEDICAID MANAGED CARE	\$24,747,653	\$26,445,296	\$1,697,643	7%
5	CHAMPUS/TRICARE	\$289,074	\$293,897	\$4,823	2%
6	COMMERCIAL INSURANCE	\$1,594,911	\$1,460,982	(\$133,929)	-8%
7	NON-GOVERNMENT MANAGED CARE	\$36,837,688	\$33,005,675	(\$3,832,013)	-10%
8	WORKER'S COMPENSATION	\$1,613,728	\$1,550,679	(\$63,049)	-4%
9	SELF- PAY/UNINSURED	\$9,946,006	\$9,344,754	(\$601,252)	-6%
10	SAGA	\$9,422,805	\$6,471,856	(\$2,950,949)	-31%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$117,715,707	\$114,525,582	(\$3,190,125)	-3%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$5,006,460	\$5,070,115	\$63,655	1%
2	MEDICARE MANAGED CARE	\$1,041,474	\$1,191,207	\$149,733	14%
3	MEDICAID	\$2,275,812	\$2,909,998	\$634,186	28%
4	MEDICAID MANAGED CARE	\$8,732,943	\$10,399,625	\$1,666,682	19%
5	CHAMPUS/TRICARE	\$88,889	\$94,677	\$5,788	7%
6	COMMERCIAL INSURANCE	\$701,677	\$660,516	(\$41,161)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$27,444,049	\$25,955,249	(\$1,488,800)	-5%
8	WORKER'S COMPENSATION	\$1,046,812	\$959,255	(\$87,557)	-8%
9	SELF- PAY/UNINSURED	\$304,327	\$1,147,313	\$842,986	277%
10	SAGA	\$1,021,866	\$1,090,861	\$68,995	7%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$47,664,309	\$49,478,816	\$1,814,507	4%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	10,431	10,870	439	4%
2	MEDICARE MANAGED CARE	2,077	2,260	183	9%
3	MEDICAID	7,621	10,318	2,697	35%
4	MEDICAID MANAGED CARE	24,051	27,812	3,761	16%
5	CHAMPUS/TRICARE	236	260	24	10%
6	COMMERCIAL INSURANCE	1,130	908	(222)	-20%
7	NON-GOVERNMENT MANAGED CARE	24,394	22,732	(1,662)	-7%
8	WORKER'S COMPENSATION	1,543	1,542	(1)	0%
9	SELF- PAY/UNINSURED	8,505	8,239	(266)	-3%
10	SAGA	7,931	5,670	(2,261)	-29%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	87,919	90,611	2,692	3%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$50,992,421	\$50,879,413	(\$113,008)	0%
2	Physician Salaries	\$21,902,358	\$22,602,893	\$700,535	3%
3	Non-Nursing, Non-Physician Salaries	\$71,621,671	\$71,923,201	\$301,530	0%
	Total Salaries & Wages	\$144,516,450	\$145,405,507	\$889,057	1%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$15,207,538	\$18,188,771	\$2,981,233	20%
2	Physician Fringe Benefits	\$6,531,970	\$8,080,259	\$1,548,289	24%
3	Non-Nursing, Non-Physician Fringe Benefits	\$21,359,827	\$25,711,669	\$4,351,842	20%
	Total Fringe Benefits	\$43,099,335	\$51,980,699	\$8,881,364	21%
C. Contractual Labor Fees:					
1	Nursing Fees	\$80,757	\$305,670	\$224,913	279%
2	Physician Fees	\$8,591,910	\$9,990,396	\$1,398,486	16%
3	Non-Nursing, Non-Physician Fees	\$9,873,238	\$8,818,919	(\$1,054,319)	-11%
	Total Contractual Labor Fees	\$18,545,905	\$19,114,985	\$569,080	3%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$42,521,824	\$41,501,554	(\$1,020,270)	-2%
2	Pharmaceutical Costs	\$11,170,321	\$12,665,707	\$1,495,386	13%
	Total Medical Supplies and Pharmaceutical Cost	\$53,692,145	\$54,167,261	\$475,116	1%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$6,886,681	\$7,005,610	\$118,929	2%
2	Depreciation-Equipment	\$10,593,029	\$10,440,685	(\$152,344)	-1%
3	Amortization	\$50,537	\$50,537	\$0	0%
	Total Depreciation and Amortization	\$17,530,247	\$17,496,832	(\$33,415)	0%
F. Bad Debts:					
1	Bad Debts	\$17,638,340	\$9,548,336	(\$8,090,004)	-46%
G. Interest Expense:					
1	Interest Expense	\$1,892,811	\$1,545,904	(\$346,907)	-18%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$7,328,946	\$7,398,814	\$69,868	1%
I. Utilities:					
1	Water	\$187,474	\$190,287	\$2,813	2%
2	Natural Gas	\$1,569,885	\$1,180,467	(\$389,418)	-25%
3	Oil	\$598,540	\$271,263	(\$327,277)	-55%
4	Electricity	\$3,450,859	\$3,729,852	\$278,993	8%
5	Telephone	\$641,940	\$666,365	\$24,425	4%
6	Other Utilities	\$102,052	\$29,098	(\$72,954)	-71%
	Total Utilities	\$6,550,750	\$6,067,332	(\$483,418)	-7%
J. Business Expenses:					
1	Accounting Fees	\$196,845	\$146,067	(\$50,778)	-26%
2	Legal Fees	\$1,488,737	\$637,620	(\$851,117)	-57%
3	Consulting Fees	\$2,074,104	\$1,196,616	(\$877,488)	-42%
4	Dues and Membership	\$975,553	\$723,238	(\$252,315)	-26%
5	Equipment Leases	\$2,018,351	\$2,017,154	(\$1,197)	0%
6	Building Leases	\$1,728,264	\$1,674,453	(\$53,811)	-3%
7	Repairs and Maintenance	\$4,857,226	\$5,500,256	\$643,030	13%
8	Insurance	\$461,729	\$475,273	\$13,544	3%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$604,251	\$576,825	(\$27,426)	-5%
10	Conferences	\$368,034	\$111,353	(\$256,681)	-70%
11	Property Tax	\$276,352	\$261,743	(\$14,609)	-5%
12	General Supplies	\$1,262,764	\$1,118,649	(\$144,115)	-11%
13	Licenses and Subscriptions	\$350,663	\$127,143	(\$223,520)	-64%
14	Postage and Shipping	\$305,459	\$476,842	\$171,383	56%
15	Advertising	\$643,742	\$654,378	\$10,636	2%
16	Other Business Expenses	\$43,305,647	\$52,876,049	\$9,570,402	22%
	Total Business Expenses	\$60,917,721	\$68,573,659	\$7,655,938	13%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$195,463	\$177,207	(\$18,256)	-9%
	Total Operating Expenses - All Expense Categories*	\$371,908,113	\$381,476,536	\$9,568,423	3%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$18,132,674	\$16,066,903	(\$2,065,771)	-11%
2	General Accounting	\$1,678,042	\$1,534,256	(\$143,786)	-9%
3	Patient Billing & Collection	\$4,864,413	\$4,646,914	(\$217,499)	-4%
4	Admitting / Registration Office	\$1,836,276	\$1,750,095	(\$86,181)	-5%
5	Data Processing	\$20,163,192	\$33,058,670	\$12,895,478	64%
6	Communications	\$1,393,707	\$1,411,976	\$18,269	1%
7	Personnel	\$37,240,864	\$45,080,049	\$7,839,185	21%
8	Public Relations	\$2,311,524	\$2,193,532	(\$117,992)	-5%
9	Purchasing	\$2,632,514	\$2,527,604	(\$104,910)	-4%
10	Dietary and Cafeteria	\$5,255,652	\$5,170,091	(\$85,561)	-2%
11	Housekeeping	\$5,718,602	\$5,666,539	(\$52,063)	-1%
12	Laundry & Linen	\$1,845,189	\$1,606,019	(\$239,170)	-13%
13	Operation of Plant	\$12,947,378	\$12,730,465	(\$216,913)	-2%
14	Security	\$1,617,268	\$1,591,584	(\$25,684)	-2%
15	Repairs and Maintenance	\$1,358,354	\$1,301,053	(\$57,301)	-4%
16	Central Sterile Supply	\$2,163,486	\$2,258,743	\$95,257	4%
17	Pharmacy Department	\$17,107,033	\$18,191,507	\$1,084,474	6%
18	Other General Services	\$4,546,256	\$4,315,489	(\$230,767)	-5%
	Total General Services	\$142,812,424	\$161,101,489	\$18,289,065	13%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$13,233,512	\$14,010,588	\$777,076	6%
2	Residency Program	\$4,233,533	\$5,395,587	\$1,162,054	27%
3	Nursing Services Administration	\$3,742,811	\$3,356,831	(\$385,980)	-10%
4	Medical Records	\$3,833,668	\$3,736,176	(\$97,492)	-3%
5	Social Service	\$3,321,591	\$2,880,347	(\$441,244)	-13%
6	Other Professional Services	\$8,519,691	\$8,131,916	(\$387,775)	-5%
	Total Professional Services	\$36,884,806	\$37,511,445	\$626,639	2%
C.	<u>Special Services:</u>				
1	Operating Room	\$22,722,749	\$22,031,370	(\$691,379)	-3%
2	Recovery Room	\$2,183,691	\$2,146,712	(\$36,979)	-2%
3	Anesthesiology	\$1,673,684	\$1,587,523	(\$86,161)	-5%
4	Delivery Room	\$3,787,473	\$3,985,795	\$198,322	5%
5	Diagnostic Radiology	\$10,968,590	\$10,958,714	(\$9,876)	0%
6	Diagnostic Ultrasound	\$1,494,519	\$1,285,203	(\$209,316)	-14%
7	Radiation Therapy	\$3,364,825	\$3,454,799	\$89,974	3%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$1,524,643	\$1,391,366	(\$133,277)	-9%
9	CT Scan	\$3,195,303	\$3,310,149	\$114,846	4%
10	Laboratory	\$14,961,178	\$14,812,835	(\$148,343)	-1%
11	Blood Storing/Processing	\$2,722,691	\$2,772,603	\$49,912	2%
12	Cardiology	\$1,990,403	\$1,995,489	\$5,086	0%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$2,873,327	\$2,946,772	\$73,445	3%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,716,546	\$2,740,845	\$24,299	1%
19	Pulmonary Function	\$324,357	\$327,628	\$3,271	1%
20	Intravenous Therapy	\$615,849	\$621,309	\$5,460	1%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,580,746	\$3,408,446	(\$172,300)	-5%
23	Renal Dialysis	\$2,989,544	\$3,004,484	\$14,940	0%
24	Emergency Room	\$19,618,771	\$20,416,669	\$797,898	4%
25	MRI	\$1,307,350	\$1,365,416	\$58,066	4%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,704,423	\$3,026,496	\$322,073	12%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$4,935,216	\$4,711,776	(\$223,440)	-5%
32	Occupational Therapy / Physical Therapy	\$1,922,500	\$1,941,636	\$19,136	1%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,465,619	\$1,407,580	(\$58,039)	-4%
	Total Special Services	\$115,643,997	\$115,651,615	\$7,618	0%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$21,640,675	\$20,929,613	(\$711,062)	-3%
2	Intensive Care Unit	\$7,554,114	\$8,034,163	\$480,049	6%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,295,904	\$2,095,024	(\$200,880)	-9%
5	Pediatric Unit	\$1,403,298	\$1,351,318	(\$51,980)	-4%
6	Maternity Unit	\$2,178,215	\$2,180,716	\$2,501	0%
7	Newborn Nursery Unit	\$849,038	\$814,597	(\$34,441)	-4%
8	Neonatal ICU	\$1,459,032	\$1,486,574	\$27,542	2%
9	Rehabilitation Unit	\$3,361,973	\$3,074,409	(\$287,564)	-9%
10	Ambulatory Surgery	\$6,130,966	\$6,055,291	(\$75,675)	-1%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$4,001,365	\$3,701,245	(\$300,120)	-8%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$50,874,580	\$49,722,950	(\$1,151,630)	-2%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$25,692,306	\$17,489,037	(\$8,203,269)	-32%
	Total Operating Expenses - All Departments*	\$371,908,113	\$381,476,536	\$9,568,423	3%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$345,056,579	\$ 367,733,027	\$364,911,931
2	Other Operating Revenue	13,628,865	15,581,616	14,808,991
3	Total Operating Revenue	\$358,685,444	\$383,314,643	\$379,720,922
4	Total Operating Expenses	353,800,187	371,908,113	381,476,536
5	Income/(Loss) From Operations	\$4,885,257	\$11,406,530	(\$1,755,614)
6	Total Non-Operating Revenue	4,050,259	3,326,810	7,196,048
7	Excess/(Deficiency) of Revenue Over Expenses	\$8,935,516	\$14,733,340	\$5,440,434
B. Profitability Summary				
1	Hospital Operating Margin	1.35%	2.95%	-0.45%
2	Hospital Non Operating Margin	1.12%	0.86%	1.86%
3	Hospital Total Margin	2.46%	3.81%	1.41%
4	Income/(Loss) From Operations	\$4,885,257	\$11,406,530	(\$1,755,614)
5	Total Operating Revenue	\$358,685,444	\$383,314,643	\$379,720,922
6	Total Non-Operating Revenue	\$4,050,259	\$3,326,810	\$7,196,048
7	Total Revenue	\$362,735,703	\$386,641,453	\$386,916,970
8	Excess/(Deficiency) of Revenue Over Expenses	\$8,935,516	\$14,733,340	\$5,440,434
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$159,990,495	\$87,443,879	\$96,622,401
2	Hospital Total Net Assets	\$195,004,939	\$122,485,352	\$133,555,140
3	Hospital Change in Total Net Assets	(\$12,150,269)	(\$72,519,587)	\$11,069,788
4	Hospital Change in Total Net Assets %	94.1%	-37.2%	9.0%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.39	0.44	0.46
2	Total Operating Expenses	\$322,396,761	\$371,908,113	\$381,476,536
3	Total Gross Revenue	\$829,275,234	\$826,891,625	\$800,740,049
4	Total Other Operating Revenue	\$5,923,543	\$23,347,865	\$23,393,788
5	Private Payment to Cost Ratio	1.36	1.30	1.28
6	Total Non-Government Payments	\$154,472,901	\$168,374,191	\$165,689,668

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
7	Total Uninsured Payments	\$4,725,660	\$2,467,056	\$6,083,766
8	Total Non-Government Charges	\$308,201,013	\$311,616,464	\$290,748,912
9	Total Uninsured Charges	\$22,034,089	\$20,511,522	\$20,581,913
10	<u>Medicare Payment to Cost Ratio</u>	0.87	0.82	0.78
11	Total Medicare Payments	\$128,634,926	\$131,787,006	\$128,895,993
12	Total Medicare Charges	\$380,934,674	\$368,919,678	\$355,419,733
13	<u>Medicaid Payment to Cost Ratio</u>	0.79	0.75	0.82
14	Total Medicaid Payments	\$35,560,871	\$39,235,443	\$49,292,970
15	Total Medicaid Charges	\$115,894,216	\$119,262,290	\$129,340,113
16	<u>Uncompensated Care Cost</u>	\$9,641,415	\$10,844,597	\$8,317,480
17	Charity Care	\$7,362,350	\$5,631,704	\$8,420,571
18	Bad Debts	\$17,614,632	\$19,160,722	\$9,548,336
19	Total Uncompensated Care	\$24,976,982	\$24,792,426	\$17,968,907
20	<u>Uncompensated Care % of Total Expenses</u>	3.0%	2.9%	2.2%
21	Total Operating Expenses	\$322,396,761	\$371,908,113	\$381,476,536
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.18	0.94	0.91
2	Total Current Assets	\$70,687,798	\$67,871,970	\$69,156,292
3	Total Current Liabilities	\$59,705,140	\$71,981,694	\$76,312,374
4	<u>Days Cash on Hand</u>	27	23	23
5	Cash and Cash Equivalents	\$24,658,830	\$22,241,282	\$23,292,786
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$24,658,830	\$22,241,282	\$23,292,786
8	Total Operating Expenses	\$353,800,187	\$371,908,113	\$381,476,536
9	Depreciation Expense	\$17,074,201	\$17,530,247	\$17,496,832
10	Operating Expenses less Depreciation Expense	\$336,725,986	\$354,377,866	\$363,979,704
11	<u>Days Revenue in Patient Accounts Receivable</u>	23.99	21.59	17.10

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
12	Net Patient Accounts Receivable	\$ 35,762,801	\$ 36,493,910	\$ 36,543,623
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$13,083,032	\$14,739,235	\$19,449,485
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 22,679,769	\$ 21,754,675	\$ 17,094,138
16	Total Net Patient Revenue	\$345,056,579	\$ 367,733,027	\$ 364,911,931
17	<u>Average Payment Period</u>	64.72	74.14	76.53
18	Total Current Liabilities	\$59,705,140	\$71,981,694	\$76,312,374
19	Total Operating Expenses	\$353,800,187	\$371,908,113	\$381,476,536
20	Depreciation Expense	\$17,074,201	\$17,530,247	\$17,496,832
21	Total Operating Expenses less Depreciation Expense	\$336,725,986	\$354,377,866	\$363,979,704
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	58.1	38.2	39.7
2	Total Net Assets	\$195,004,939	\$122,485,352	\$133,555,140
3	Total Assets	\$335,834,455	\$320,938,892	\$336,592,228
4	<u>Cash Flow to Total Debt Ratio</u>	25.9	29.7	20.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$8,935,516	\$14,733,340	\$5,440,434
6	Depreciation Expense	\$17,074,201	\$17,530,247	\$17,496,832
7	Excess of Revenues Over Expenses and Depreciation Expense	\$26,009,717	\$32,263,587	\$22,937,266
8	Total Current Liabilities	\$59,705,140	\$71,981,694	\$76,312,374
9	Total Long Term Debt	\$40,533,043	\$36,811,837	\$34,217,519
10	Total Current Liabilities and Total Long Term Debt	\$100,238,183	\$108,793,531	\$110,529,893
11	<u>Long Term Debt to Capitalization Ratio</u>	17.2	23.1	20.4
12	Total Long Term Debt	\$40,533,043	\$36,811,837	\$34,217,519
13	Total Net Assets	\$195,004,939	\$122,485,352	\$133,555,140
14	Total Long Term Debt and Total Net Assets	\$235,537,982	\$159,297,189	\$167,772,659
15	<u>Debt Service Coverage Ratio</u>	27.8	6.2	4.7
16	Excess Revenues over Expenses	\$8,935,516	\$14,733,340	\$5,440,434
17	Interest Expense	\$970,722	\$1,892,811	\$1,545,904
18	Depreciation and Amortization Expense	\$17,074,201	\$17,530,247	\$17,496,832

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
19	Principal Payments	\$0	\$3,572,676	\$3,670,857
G. Other Financial Ratios				
20	Average Age of Plant	12.4	13.1	14.1
21	Accumulated Depreciation	\$211,827,177	\$229,023,210	\$246,081,335
22	Depreciation and Amortization Expense	\$17,074,201	\$17,530,247	\$17,496,832
H. Utilization Measures Summary				
1	Patient Days	88,799	86,498	81,872
2	Discharges	20,981	20,067	19,517
3	ALOS	4.2	4.3	4.2
4	Staffed Beds	310	349	341
5	Available Beds	-	370	356
6	Licensed Beds	446	446	446
6	Occupancy of Staffed Beds	78.5%	67.9%	65.8%
7	Occupancy of Available Beds	70.7%	64.0%	63.0%
8	Full Time Equivalent Employees	2,256.7	2,224.2	2,166.1
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	34.5%	35.2%	33.7%
2	Medicare Gross Revenue Payer Mix Percentage	45.9%	44.6%	44.4%
3	Medicaid Gross Revenue Payer Mix Percentage	14.0%	14.4%	16.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.8%	3.1%	3.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.7%	2.5%	2.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$286,166,924	\$291,104,942	\$270,166,999
9	Medicare Gross Revenue (Charges)	\$380,934,674	\$368,919,678	\$355,419,733
10	Medicaid Gross Revenue (Charges)	\$115,894,216	\$119,262,290	\$129,340,113
11	Other Medical Assistance Gross Revenue (Charges)	\$23,283,208	\$25,913,777	\$23,806,973
12	Uninsured Gross Revenue (Charges)	\$22,034,089	\$20,511,522	\$20,581,913
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$962,123	\$1,179,416	\$1,424,318
14	Total Gross Revenue (Charges)	\$829,275,234	\$826,891,625	\$800,740,049
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	46.3%	48.2%	45.8%

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
2	Medicare Net Revenue Payer Mix Percentage	39.8%	38.3%	37.0%
3	Medicaid Net Revenue Payer Mix Percentage	11.0%	11.4%	14.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.3%	1.3%	1.3%
5	Uninsured Net Revenue Payer Mix Percentage	1.5%	0.7%	1.7%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$149,747,241	\$165,907,135	\$159,605,902
9	Medicare Net Revenue (Payments)	\$128,634,926	\$131,787,006	\$128,895,993
10	Medicaid Net Revenue (Payments)	\$35,560,871	\$39,235,443	\$49,292,970
11	Other Medical Assistance Net Revenue (Payments)	\$4,159,999	\$4,496,473	\$4,451,233
12	Uninsured Net Revenue (Payments)	\$4,725,660	\$2,467,056	\$6,083,766
13	CHAMPUS / TRICARE Net Revenue Payments)	\$276,091	\$358,909	\$383,302
14	Total Net Revenue (Payments)	\$323,104,788	\$344,252,022	\$348,713,166
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	7,193	6,963	6,207
2	Medicare	9,670	9,221	8,738
3	Medical Assistance	4,074	3,850	4,535
4	Medicaid	3,466	3,283	4,042
5	Other Medical Assistance	608	567	493
6	CHAMPUS / TRICARE	44	33	37
7	Uninsured (Included In Non-Government)	498	460	334
8	Total	20,981	20,067	19,517
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.046600	1.071900	1.101840
2	Medicare	1.303600	1.356000	1.363430
3	Medical Assistance	0.897100	0.919177	0.962847
4	Medicaid	0.872700	0.890400	0.925670
5	Other Medical Assistance	1.036200	1.085800	1.267660
6	CHAMPUS / TRICARE	0.753700	0.796200	0.966780
7	Uninsured (Included In Non-Government)	0.948700	1.039500	0.911610
8	Total Case Mix Index	1.135406	1.172692	1.186404
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	15,253	15,137	15,051
2	Emergency Room - Treated and Discharged	79,483	87,919	90,611
3	Total Emergency Room Visits	94,736	103,056	105,662

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,301,300	\$873,447	(\$427,853)	-33%
2	Inpatient Payments	\$429,224	\$375,241	(\$53,983)	-13%
3	Outpatient Charges	\$528,574	\$774,776	\$246,202	47%
4	Outpatient Payments	\$295,758	\$376,208	\$80,450	27%
5	Discharges	40	38	(2)	-5%
6	Patient Days	276	158	(118)	-43%
7	Outpatient Visits (Excludes ED Visits)	358	423	65	18%
8	Emergency Department Outpatient Visits	56	63	7	13%
9	Emergency Department Inpatient Admissions	24	27	3	13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,829,874	\$1,648,223	(\$181,651)	-10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$724,982	\$751,449	\$26,467	4%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$11,868	\$11,921	\$53	0%
2	Inpatient Payments	\$6,345	\$6,659	\$314	5%
3	Outpatient Charges	\$13,724	\$73,836	\$60,112	438%
4	Outpatient Payments	\$3,987	\$26,405	\$22,418	562%
5	Discharges	1	1	0	0%
6	Patient Days	1	1	0	0%
7	Outpatient Visits (Excludes ED Visits)	10	39	29	290%
8	Emergency Department Outpatient Visits	2	6	4	200%
9	Emergency Department Inpatient Admissions	1	2	1	100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$25,592	\$85,757	\$60,165	235%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,332	\$33,064	\$22,732	220%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$6,043,710	\$7,142,014	\$1,098,304	18%
2	Inpatient Payments	\$2,469,976	\$2,909,932	\$439,956	18%
3	Outpatient Charges	\$4,931,015	\$4,931,956	\$941	0%
4	Outpatient Payments	\$1,351,169	\$1,388,916	\$37,747	3%
5	Discharges	214	276	62	29%
6	Patient Days	1,056	1,191	135	13%
7	Outpatient Visits (Excludes ED Visits)	2,822	3,151	329	12%
8	Emergency Department Outpatient Visits	442	470	28	6%
9	Emergency Department Inpatient Admissions	188	199	11	6%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,974,725	\$12,073,970	\$1,099,245	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,821,145	\$4,298,848	\$477,703	13%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$20,700,985	\$21,494,668	\$793,683	4%
2	Inpatient Payments	\$7,950,052	\$8,224,274	\$274,222	3%
3	Outpatient Charges	\$12,044,226	\$11,766,586	(\$277,640)	-2%
4	Outpatient Payments	\$3,559,979	\$3,490,085	(\$69,894)	-2%
5	Discharges	783	800	17	2%
6	Patient Days	3,868	3,747	(121)	-3%
7	Outpatient Visits (Excludes ED Visits)	6,622	7,431	809	12%
8	Emergency Department Outpatient Visits	1,038	1,105	67	6%
9	Emergency Department Inpatient Admissions	441	470	29	7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$32,745,211	\$33,261,254	\$516,043	2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,510,031	\$11,714,359	\$204,328	2%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$7,921,711	\$3,000,011	(\$4,921,700)	-62%
2	Inpatient Payments	\$2,944,388	\$1,203,951	(\$1,740,437)	-59%
3	Outpatient Charges	\$3,603,783	\$1,802,094	(\$1,801,689)	-50%
4	Outpatient Payments	\$793,534	\$357,761	(\$435,773)	-55%
5	Discharges	320	116	(204)	-64%
6	Patient Days	1,432	539	(893)	-62%
7	Outpatient Visits (Excludes ED Visits)	2,014	1,097	(917)	-46%
8	Emergency Department Outpatient Visits	316	163	(153)	-48%
9	Emergency Department Inpatient Admissions	134	69	(65)	-49%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,525,494	\$4,802,105	(\$6,723,389)	-58%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,737,922	\$1,561,712	(\$2,176,210)	-58%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$2,215,255	\$1,186,796	(\$1,028,459)	-46%
2	Inpatient Payments	\$572,078	\$462,487	(\$109,591)	-19%
3	Outpatient Charges	\$1,363,241	\$944,549	(\$418,692)	-31%
4	Outpatient Payments	\$446,177	\$246,113	(\$200,064)	-45%
5	Discharges	89	54	(35)	-39%
6	Patient Days	508	190	(318)	-63%
7	Outpatient Visits (Excludes ED Visits)	736	541	(195)	-26%
8	Emergency Department Outpatient Visits	115	80	(35)	-30%
9	Emergency Department Inpatient Admissions	49	34	(15)	-31%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,578,496	\$2,131,345	(\$1,447,151)	-40%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,018,255	\$708,600	(\$309,655)	-30%
I. AETNA					
1	Inpatient Charges	\$1,587,592	\$3,272,085	\$1,684,493	106%
2	Inpatient Payments	\$697,619	\$1,271,360	\$573,741	82%
3	Outpatient Charges	\$1,264,025	\$1,964,932	\$700,907	55%
4	Outpatient Payments	\$448,072	\$667,864	\$219,792	49%
5	Discharges	61	123	62	102%
6	Patient Days	294	547	253	86%
7	Outpatient Visits (Excludes ED Visits)	676	1,204	528	78%
8	Emergency Department Outpatient Visits	106	179	73	69%
9	Emergency Department Inpatient Admissions	45	76	31	69%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,851,617	\$5,237,017	\$2,385,400	84%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,145,691	\$1,939,224	\$793,533	69%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$6,102,878	\$6,102,878	0%
2	Inpatient Payments	\$0	\$2,003,488	\$2,003,488	0%
3	Outpatient Charges	\$10,038	\$2,513,996	\$2,503,958	24945%
4	Outpatient Payments	\$829	\$680,284	\$679,455	81961%
5	Discharges	0	210	210	0%
6	Patient Days	0	964	964	0%
7	Outpatient Visits (Excludes ED Visits)	11	1,307	1,296	11782%
8	Emergency Department Outpatient Visits	2	194	192	9600%
9	Emergency Department Inpatient Admissions	1	83	82	8200%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,038	\$8,616,874	\$8,606,836	85743%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$829	\$2,683,772	\$2,682,943	323636%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$39,782,421	\$43,083,820	\$3,301,399	8%
	TOTAL INPATIENT PAYMENTS	\$15,069,682	\$16,457,392	\$1,387,710	9%
	TOTAL OUTPATIENT CHARGES	\$23,758,626	\$24,772,725	\$1,014,099	4%
	TOTAL OUTPATIENT PAYMENTS	\$6,899,505	\$7,233,636	\$334,131	5%
	TOTAL DISCHARGES	1,508	1,618	110	7%
	TOTAL PATIENT DAYS	7,435	7,337	(98)	-1%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	13,249	15,193	1,944	15%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,077	2,260	183	9%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	883	960	77	9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$63,541,047	\$67,856,545	\$4,315,498	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$21,969,187	\$23,691,028	\$1,721,841	8%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$4,365,099	\$0	(\$4,365,099)	-100%
2	Inpatient Payments	\$1,364,074	\$0	(\$1,364,074)	-100%
3	Outpatient Charges	\$6,903,273	\$0	(\$6,903,273)	-100%
4	Outpatient Payments	\$1,922,504	\$0	(\$1,922,504)	-100%
5	Discharges	335	0	(335)	-100%
6	Patient Days	1,043	0	(1,043)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,386	0	(1,386)	-100%
8	Emergency Department Outpatient Visits	3,668	0	(3,668)	-100%
9	Emergency Department Inpatient Admissions	291	0	(291)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,268,372	\$0	(\$11,268,372)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,286,578	\$0	(\$3,286,578)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$16,230,763	\$21,099,890	\$4,869,127	30%
2	Inpatient Payments	\$5,501,091	\$7,347,309	\$1,846,218	34%
3	Outpatient Charges	\$30,351,634	\$39,257,142	\$8,905,508	29%
4	Outpatient Payments	\$12,493,243	\$18,406,649	\$5,913,406	47%
5	Discharges	1,421	2,080	659	46%
6	Patient Days	4,299	5,697	1,398	33%
7	Outpatient Visits (Excludes ED Visits)	6,884	9,799	2,915	42%
8	Emergency Department Outpatient Visits	18,224	24,502	6,278	34%
9	Emergency Department Inpatient Admissions	1,444	1,888	444	31%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$46,582,397	\$60,357,032	\$13,774,635	30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$17,994,334	\$25,753,958	\$7,759,624	43%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$1,037,332	\$0	(\$1,037,332)	-100%
2	Inpatient Payments	\$369,581	\$0	(\$369,581)	-100%
3	Outpatient Charges	\$1,905,328	\$0	(\$1,905,328)	-100%
4	Outpatient Payments	\$516,539	\$0	(\$516,539)	-100%
5	Discharges	79	0	(79)	-100%
6	Patient Days	263	0	(263)	-100%
7	Outpatient Visits (Excludes ED Visits)	379	0	(379)	-100%
8	Emergency Department Outpatient Visits	1,002	0	(1,002)	-100%
9	Emergency Department Inpatient Admissions	79	0	(79)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,942,660	\$0	(\$2,942,660)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$886,120	\$0	(\$886,120)	-100%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$2,064,962	\$2,064,962	0%
2	Inpatient Payments	\$0	\$976,203	\$976,203	0%
3	Outpatient Charges	\$0	\$3,075,760	\$3,075,760	0%
4	Outpatient Payments	\$0	\$1,078,771	\$1,078,771	0%
5	Discharges	0	205	205	0%
6	Patient Days	0	617	617	0%
7	Outpatient Visits (Excludes ED Visits)	0	718	718	0%
8	Emergency Department Outpatient Visits	0	1,795	1,795	0%
9	Emergency Department Inpatient Admissions	0	138	138	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$5,140,722	\$5,140,722	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$2,054,974	\$2,054,974	0%
	H. AETNA				
1	Inpatient Charges	\$1,306,056	\$1,457,156	\$151,100	12%
2	Inpatient Payments	\$378,805	\$423,371	\$44,566	12%
3	Outpatient Charges	\$2,620,127	\$3,152,356	\$532,229	20%
4	Outpatient Payments	\$714,264	\$996,592	\$282,328	40%
5	Discharges	100	125	25	25%
6	Patient Days	310	325	15	5%
7	Outpatient Visits (Excludes ED Visits)	437	606	169	39%
8	Emergency Department Outpatient Visits	1,157	1,515	358	31%
9	Emergency Department Inpatient Admissions	92	117	25	27%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,926,183	\$4,609,512	\$683,329	17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,093,069	\$1,419,963	\$326,894	30%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$22,939,250	\$24,622,008	\$1,682,758	7%
	TOTAL INPATIENT PAYMENTS	\$7,613,551	\$8,746,883	\$1,133,332	15%
	TOTAL OUTPATIENT CHARGES	\$41,780,362	\$45,485,258	\$3,704,896	9%
	TOTAL OUTPATIENT PAYMENTS	\$15,646,550	\$20,482,012	\$4,835,462	31%
	TOTAL DISCHARGES	1,935	2,410	475	25%
	TOTAL PATIENT DAYS	5,915	6,639	724	12%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	9,086	11,123	2,037	22%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	24,051	27,812	3,761	16%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,906	2,143	237	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$64,719,612	\$70,107,266	\$5,387,654	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$23,260,101	\$29,228,895	\$5,968,794	26%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

CENTRAL CT HEALTH ALLIANCE					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$36,164,805	\$43,866,837	\$7,702,032	21%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$40,346,696	\$40,669,114	\$322,418	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$244,058	\$160,737	(\$83,321)	-34%
5	Due From Affiliates	\$159,847	\$148,183	(\$11,664)	-7%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,041,656	\$4,888,973	(\$152,683)	-3%
8	Prepaid Expenses	\$2,755,118	\$4,045,580	\$1,290,462	47%
9	Other Current Assets	\$11,333,438	\$10,197,055	(\$1,136,383)	-10%
	Total Current Assets	\$96,045,618	\$103,976,479	\$7,930,861	8%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$13,240,758	\$14,040,818	\$800,060	6%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,403,892	\$1,396,043	(\$7,849)	-1%
4	Other Noncurrent Assets Whose Use is Limited	\$22,000,012	\$23,353,986	\$1,353,974	6%
	Total Noncurrent Assets Whose Use is Limited:	\$36,644,662	\$38,790,847	\$2,146,185	6%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$110,200,835	\$123,374,913	\$13,174,078	12%
7	Other Noncurrent Assets	\$7,005,103	\$5,469,393	(\$1,535,710)	-22%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$399,858,057	\$414,566,007	\$14,707,950	4%
2	Less: Accumulated Depreciation	\$253,861,457	\$268,873,447	\$15,011,990	\$0
	Property, Plant and Equipment, Net	\$145,996,600	\$145,692,560	(\$304,040)	0%
3	Construction in Progress	\$4,225,780	\$3,403,411	(\$822,369)	-19%
	Total Net Fixed Assets	\$150,222,380	\$149,095,971	(\$1,126,409)	-1%
	Total Assets	\$400,118,598	\$420,707,603	\$20,589,005	5%

CENTRAL CT HEALTH ALLIANCE					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$24,304,738	\$27,931,108	\$3,626,370	15%
2	Salaries, Wages and Payroll Taxes	\$16,475,784	\$14,564,699	(\$1,911,085)	-12%
3	Due To Third Party Payers	\$15,301,884	\$20,263,312	\$4,961,428	32%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$4,383,372	\$5,155,846	\$772,474	18%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$26,993,910	\$22,438,833	(\$4,555,077)	-17%
	Total Current Liabilities	\$87,459,688	\$90,353,798	\$2,894,110	3%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$50,018,698	\$47,823,695	(\$2,195,003)	-4%
2	Notes Payable (Net of Current Portion)	\$6,939,905	\$7,813,315	\$873,410	13%
	Total Long Term Debt	\$56,958,603	\$55,637,010	(\$1,321,593)	-2%
3	Accrued Pension Liability	\$98,090,362	\$95,816,944	(\$2,273,418)	-2%
4	Other Long Term Liabilities	\$17,555,846	\$23,906,033	\$6,350,187	36%
	Total Long Term Liabilities	\$172,604,811	\$175,359,987	\$2,755,176	2%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$104,848,599	\$117,892,402	\$13,043,803	12%
2	Temporarily Restricted Net Assets	\$15,281,161	\$16,376,223	\$1,095,062	7%
3	Permanently Restricted Net Assets	\$19,924,339	\$20,725,193	\$800,854	4%
	Total Net Assets	\$140,054,099	\$154,993,818	\$14,939,719	11%
	Total Liabilities and Net Assets	\$400,118,598	\$420,707,603	\$20,589,005	5%

CENTRAL CT HEALTH ALLIANCE					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$872,997,957	\$840,676,112	(\$32,321,845)	-4%
2	Less: Allowances	\$464,208,015	\$442,345,826	(\$21,862,189)	-5%
3	Less: Charity Care	\$7,075,484	\$8,420,571	\$1,345,087	19%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$401,714,458	\$389,909,715	(\$11,804,743)	-3%
5	Other Operating Revenue	\$61,829,100	\$55,840,758	(\$5,988,342)	-10%
6	Net Assets Released from Restrictions	\$808,135	\$1,168,686	\$360,551	45%
	Total Operating Revenue	\$464,351,693	\$446,919,159	(\$17,432,534)	-4%
B. Operating Expenses:					
1	Salaries and Wages	\$182,546,637	\$179,619,949	(\$2,926,688)	-2%
2	Fringe Benefits	\$52,211,393	\$53,001,473	\$790,080	2%
3	Physicians Fees	\$8,591,910	\$8,591,910	\$0	0%
4	Supplies and Drugs	\$56,574,526	\$56,898,230	\$323,704	1%
5	Depreciation and Amortization	\$20,163,043	\$20,667,840	\$504,797	3%
6	Bad Debts	\$17,994,214	\$17,918,331	(\$75,883)	0%
7	Interest	\$2,819,751	\$3,025,673	\$205,922	7%
8	Malpractice	\$7,902,927	\$7,784,175	(\$118,752)	-2%
9	Other Operating Expenses	\$103,346,287	\$99,693,634	(\$3,652,653)	-4%
	Total Operating Expenses	\$452,150,688	\$447,201,215	(\$4,949,473)	-1%
	Income/(Loss) From Operations	\$12,201,005	(\$282,056)	(\$12,483,061)	-102%
C. Non-Operating Revenue:					
1	Income from Investments	\$3,918,825	\$7,573,422	\$3,654,597	93%
2	Gifts, Contributions and Donations	\$1,177,281	\$1,373,265	\$195,984	17%
3	Other Non-Operating Gains/(Losses)	(\$3,083,551)	(\$2,195,366)	\$888,185	-29%
	Total Non-Operating Revenue	\$2,012,555	\$6,751,321	\$4,738,766	235%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$14,213,560	\$6,469,265	(\$7,744,295)	-54%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$14,213,560	\$6,469,265	(\$7,744,295)	-54%

CENTRAL CT HEALTH ALLIANCE				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$380,041,496	\$401,714,458	\$389,909,715
2	Other Operating Revenue	42,620,733	62,637,235	57,009,444
3	Total Operating Revenue	\$422,662,229	\$464,351,693	\$446,919,159
4	Total Operating Expenses	419,169,609	452,150,688	447,201,215
5	Income/(Loss) From Operations	\$3,492,620	\$12,201,005	(\$282,056)
6	Total Non-Operating Revenue	4,202,705	2,012,555	6,751,321
7	Excess/(Deficiency) of Revenue Over Expenses	\$7,695,325	\$14,213,560	\$6,469,265
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.82%	2.62%	-0.06%
2	Parent Corporation Non-Operating Margin	0.98%	0.43%	1.49%
3	Parent Corporation Total Margin	1.80%	3.05%	1.43%
4	Income/(Loss) From Operations	\$3,492,620	\$12,201,005	(\$282,056)
5	Total Operating Revenue	\$422,662,229	\$464,351,693	\$446,919,159
6	Total Non-Operating Revenue	\$4,202,705	\$2,012,555	\$6,751,321
7	Total Revenue	\$426,864,934	\$466,364,248	\$453,670,480
8	Excess/(Deficiency) of Revenue Over Expenses	\$7,695,325	\$14,213,560	\$6,469,265
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$172,468,493	\$104,848,599	\$117,892,402
2	Parent Corporation Total Net Assets	\$207,637,196	\$140,054,099	\$154,993,818
3	Parent Corporation Change in Total Net Assets	(\$12,629,794)	(\$67,583,097)	\$14,939,719
4	Parent Corporation Change in Total Net Assets %	94.3%	-32.5%	10.7%

CENTRAL CT HEALTH ALLIANCE				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
	D. <u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.28	1.10	1.15
2	Total Current Assets	\$90,273,216	\$96,045,618	\$103,976,479
3	Total Current Liabilities	\$70,356,934	\$87,459,688	\$90,353,798
4	<u>Days Cash on Hand</u>	35	31	38
5	Cash and Cash Equivalents	\$38,406,737	\$36,164,805	\$43,866,837
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$38,406,737	\$36,164,805	\$43,866,837
8	Total Operating Expenses	\$419,169,609	\$452,150,688	\$447,201,215
9	Depreciation Expense	\$19,551,481	\$20,163,043	\$20,667,840
10	Operating Expenses less Depreciation Expense	\$399,618,128	\$431,987,645	\$426,533,375
11	<u>Days Revenue in Patient Accounts Receivable</u>	26	23	19
12	Net Patient Accounts Receivable	\$ 39,953,225	\$ 40,346,696	\$ 40,669,114
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$13,377,219	\$15,301,884	\$20,263,312
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 26,576,006	\$ 25,044,812	\$ 20,405,802
16	Total Net Patient Revenue	\$380,041,496	\$401,714,458	\$389,909,715
17	<u>Average Payment Period</u>	64	74	77
18	Total Current Liabilities	\$70,356,934	\$87,459,688	\$90,353,798
19	Total Operating Expenses	\$419,169,609	\$452,150,688	\$447,201,215
20	Depreciation Expense	\$19,551,481	\$20,163,043	\$20,667,840
21	Total Operating Expenses less Depreciation Expense	\$399,618,128	\$431,987,645	\$426,533,375

CENTRAL CT HEALTH ALLIANCE				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	53.9	35.0	36.8
2	Total Net Assets	\$207,637,196	\$140,054,099	\$154,993,818
3	Total Assets	\$385,140,653	\$400,118,598	\$420,707,603
4	<u>Cash Flow to Total Debt Ratio</u>	20.7	23.8	18.6
5	Excess/(Deficiency) of Revenues Over Expenses	\$7,695,325	\$14,213,560	\$6,469,265
6	Depreciation Expense	\$19,551,481	\$20,163,043	\$20,667,840
7	Excess of Revenues Over Expenses and Depreciation Expense	\$27,246,806	\$34,376,603	\$27,137,105
8	Total Current Liabilities	\$70,356,934	\$87,459,688	\$90,353,798
9	Total Long Term Debt	\$61,325,677	\$56,958,603	\$55,637,010
10	Total Current Liabilities and Total Long Term Debt	\$131,682,611	\$144,418,291	\$145,990,808
11	<u>Long Term Debt to Capitalization Ratio</u>	22.8	28.9	26.4
12	Total Long Term Debt	\$61,325,677	\$56,958,603	\$55,637,010
13	Total Net Assets	\$207,637,196	\$140,054,099	\$154,993,818
14	Total Long Term Debt and Total Net Assets	\$268,962,873	\$197,012,702	\$210,630,828

THE HOSPITAL OF CENTRAL CONNECTICUT						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	56,535	216	227	71.7%	68.2%
2	ICU/CCU (Excludes Neonatal ICU)	7,080	32	32	60.6%	60.6%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	6,294	22	24	78.4%	71.8%
	TOTAL PSYCHIATRIC	6,294	22	24	78.4%	71.8%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	5,239	25	27	57.4%	53.2%
7	Newborn	4,018	20	20	55.0%	55.0%
8	Neonatal ICU	1,823	12	12	41.6%	41.6%
9	Pediatric	883	14	14	17.3%	17.3%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	77,854	321	336	66.4%	63.5%
	TOTAL INPATIENT BED UTILIZATION	81,872	341	356	65.8%	63.0%
	TOTAL INPATIENT REPORTED YEAR	81,872	341	356	65.8%	63.0%
	TOTAL INPATIENT PRIOR YEAR	86,498	349	370	67.9%	64.0%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-4,626	-8	-14	-2.1%	-1.0%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-5%	-2%	-4%	-3%	-2%
	Total Licensed Beds and Bassinets	446				
(A) This number may not exceed the number of available beds for each department or in total.						

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	12,093	10,911	-1,182	-10%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,470	8,947	-523	-6%
3	Emergency Department Scans	16,232	15,336	-896	-6%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	37,795	35,194	-2,601	-7%
B. MRI Scans (A)					
1	Inpatient Scans	343	315	-28	-8%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,736	3,193	-543	-15%
3	Emergency Department Scans	24	25	1	4%
4	Other Non-Hospital Providers' Scans (A)	3,780	3,432	-348	-9%
	Total MRI Scans	7,883	6,965	-918	-12%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	89	0	-89	-100%
	Total PET Scans	89	0	-89	-100%
D. PET/CT Scans (A)					
1	Inpatient Scans	25	34	9	36%
2	Outpatient Scans (Excluding Emergency Department Scans)	317	333	16	5%
3	Emergency Department Scans	1	2	1	100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	343	369	26	8%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	256	218	-38	-15%
2	Outpatient Procedures	7,759	6,585	-1,174	-15%
	Total Linear Accelerator Procedures	8,015	6,803	-1,212	-15%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	343	282	-61	-18%
2	Outpatient Procedures	332	294	-38	-11%
	Total Cardiac Catheterization Procedures	675	576	-99	-15%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	76	112	36	47%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	76	112	36	47%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	4,288	4,254	-34	-1%
2	Outpatient Surgical Procedures	6,990	6,503	-487	-7%
	Total Surgical Procedures	11,278	10,757	-521	-5%
J. Endoscopy Procedures					

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	1,366	1,325	-41	-3%
2	Outpatient Endoscopy Procedures	6,251	7,037	786	13%
	Total Endoscopy Procedures	7,617	8,362	745	10%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	15,137	15,051	-86	-1%
2	Emergency Room Visits: Treated and Discharged	87,919	90,611	2,692	3%
	Total Emergency Room Visits	103,056	105,662	2,606	3%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	21,304	22,258	954	4%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	58,469	63,401	4,932	8%
4	Medical Clinic Visits	4,221	4,196	-25	-1%
5	Specialty Clinic Visits	14,268	16,418	2,150	15%
	Total Hospital Clinic Visits	98,262	106,273	8,011	8%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	33,560	34,694	1,134	3%
2	Cardiology	5,878	6,010	132	2%
3	Chemotherapy	3,976	3,929	-47	-1%
4	Gastroenterology	398	349	-49	-12%
5	Other Outpatient Visits	33,177	31,555	-1,622	-5%
	Total Other Hospital Outpatient Visits	76,989	76,537	-452	-1%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	647.5	634.3	-13.2	-2%
2	Total Physician FTEs	111.9	111.0	-0.9	-1%
3	Total Non-Nursing and Non-Physician FTEs	1,464.8	1,420.8	-44.0	-3%
	Total Hospital Full Time Equivalent Employees	2,224.2	2,166.1	-58.1	-3%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	The Hospital of Central Connecticut	6,990	6,503	-487	-7%
	Total Outpatient Surgical Procedures(A)	6,990	6,503	-487	-7%
B. Outpatient Endoscopy Procedures					
1	The Hospital of Central Connecticut	6,251	7,037	786	13%
	Total Outpatient Endoscopy Procedures(B)	6,251	7,037	786	13%
C. Outpatient Hospital Emergency Room Visits					
1	The Hospital of Central Connecticut	87,919	90,611	2,692	3%
	Total Outpatient Hospital Emergency Room Visits(C)	87,919	90,611	2,692	3%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$241,645,342	\$229,942,065	(\$11,703,277)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$96,234,355	\$92,780,179	(\$3,454,176)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.82%	40.35%	0.52%	1%
4	DISCHARGES	9,221	8,738	(483)	-5%
5	CASE MIX INDEX (CMI)	1.35600	1.36343	0.00743	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12,503.67600	11,913.65134	(590.02466)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,696.49	\$7,787.72	\$91.23	1%
8	PATIENT DAYS	46,773	42,359	(4,414)	-9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,057.48	\$2,190.33	\$132.85	6%
10	AVERAGE LENGTH OF STAY	5.1	4.8	(0.2)	-4%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$127,274,336	\$125,477,668	(\$1,796,668)	-1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$35,552,651	\$36,115,814	\$563,163	2%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.93%	28.78%	0.85%	3%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	52.67%	54.57%	1.90%	4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,856.69056	4,768.26136	(88.42921)	-2%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,320.35	\$7,574.21	\$253.87	3%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$368,919,678	\$355,419,733	(\$13,499,945)	-4%
18	TOTAL ACCRUED PAYMENTS	\$131,787,006	\$128,895,993	(\$2,891,013)	-2%
19	TOTAL ALLOWANCES	\$237,132,672	\$226,523,740	(\$10,608,932)	-4%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$120,467,660	\$114,447,652	(\$6,020,008)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$61,848,708	\$59,899,198	(\$1,949,510)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	51.34%	52.34%	1.00%	2%
4	DISCHARGES	6,963	6,207	(756)	-11%
5	CASE MIX INDEX (CMI)	1.07190	1.10184	0.02994	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,463.63970	6,839.12088	(624.51882)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,286.67	\$8,758.32	\$471.65	6%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$590.18)	(\$970.60)	(\$380.42)	64%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,404,917)	(\$6,638,041)	(\$2,233,124)	51%
10	PATIENT DAYS	24,441	22,249	(2,192)	-9%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,530.53	\$2,692.22	\$161.69	6%
12	AVERAGE LENGTH OF STAY	3.5	3.6	0.1	2%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$191,148,804	\$176,301,260	(\$14,847,544)	-8%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$106,525,483	\$105,790,470	(\$735,013)	-1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	55.73%	60.01%	4.28%	8%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	158.67%	154.05%	-4.63%	-3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	11,048,35208	9,561,59346	(1,486,75862)	-13%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,641.75	\$11,064.10	\$1,422.35	15%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$2,321.41)	(\$3,489.89)	(\$1,168.49)	50%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$25,647,733)	(\$33,368,951)	(\$7,721,218)	30%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$311,616,464	\$290,748,912	(\$20,867,552)	-7%
22	TOTAL ACCRUED PAYMENTS	\$168,374,191	\$165,689,668	(\$2,684,523)	-2%
23	TOTAL ALLOWANCES	\$143,242,273	\$125,059,244	(\$18,183,029)	-13%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$30,052,650)	(\$40,006,991)	(\$9,954,342)	33%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$304,547,819	\$284,611,249	(\$19,936,570)	-7%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$161,305,546	\$159,552,005	(\$1,753,541)	-1%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$143,242,273	\$125,059,244	(\$18,183,029)	-13%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.03%	43.94%	-3.09%	

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$4,796,385	\$5,651,953	\$855,568	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$45,806	\$583,493	\$537,687	1174%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.96%	10.32%	9.37%	981%
4	DISCHARGES	460	334	(126)	-27%
5	CASE MIX INDEX (CMI)	1.03950	0.91161	(0.12789)	-12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	478.17000	304.47774	(173.69226)	-36%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$95.79	\$1,916.37	\$1,820.58	1901%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,190.87	\$6,841.95	(\$1,348.93)	-16%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,600.69	\$5,871.35	(\$1,729.34)	-23%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,634,422	\$1,787,694	(\$1,846,728)	-51%
11	PATIENT DAYS	1,698	1,083	(615)	-36%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$26.98	\$538.77	\$511.80	1897%
13	AVERAGE LENGTH OF STAY	3.7	3.2	(0.4)	-12%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$15,715,137	\$14,929,960	(\$785,177)	-5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,421,250	\$5,500,273	\$3,079,023	127%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.41%	36.84%	21.43%	139%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	327.65%	264.16%	-63.49%	-19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,507.16905	882.28027	(624.88878)	-41%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,606.49	\$6,234.16	\$4,627.67	288%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,035.26	\$4,829.95	(\$3,205.32)	-40%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,713.86	\$1,340.05	(\$4,373.80)	-77%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,611,748	\$1,182,303	(\$7,429,444)	-86%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$20,511,522	\$20,581,913	\$70,391	0%
24	TOTAL ACCRUED PAYMENTS	\$2,467,056	\$6,083,766	\$3,616,710	147%
25	TOTAL ALLOWANCES	\$18,044,466	\$14,498,147	(\$3,546,319)	-20%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,246,170	\$2,969,998	(\$9,276,172)	-76%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$55,559,524	\$58,585,464	\$3,025,940	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,828,095	\$20,418,163	\$3,590,068	21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.29%	34.85%	4.56%	15%
4	DISCHARGES	3,283	4,042	759	23%
5	CASE MIX INDEX (CMI)	0.89040	0.92567	0.03527	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,923.18320	3,741.55814	818.37494	28%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,756.77	\$5,457.13	(\$299.64)	-5%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,529.90	\$3,301.19	\$771.29	30%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,939.71	\$2,330.59	\$390.88	20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,670,141	\$8,720,044	\$3,049,903	54%
11	PATIENT DAYS	12,606	14,479	1,873	15%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,334.93	\$1,410.19	\$75.26	6%
13	AVERAGE LENGTH OF STAY	3.8	3.6	(0.3)	-7%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$63,702,766	\$70,754,649	\$7,051,883	11%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,407,348	\$28,874,807	\$6,467,459	29%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.17%	40.81%	5.63%	16%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	114.66%	120.77%	6.11%	5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,764.18237	4,881.59130	1,117.40893	30%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,952.78	\$5,915.04	(\$37.74)	-1%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,688.97	\$5,149.06	\$1,460.09	40%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,367.57	\$1,659.17	\$291.60	21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,147,766	\$8,099,392	\$2,951,626	57%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$119,262,290	\$129,340,113	\$10,077,823	8%
24	TOTAL ACCRUED PAYMENTS	\$39,235,443	\$49,292,970	\$10,057,527	26%
25	TOTAL ALLOWANCES	\$80,026,847	\$80,047,143	\$20,296	0%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,817,907	\$16,819,435	\$6,001,529	55%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$12,609,294	\$13,232,447	\$623,153	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,331,833	\$2,694,797	\$362,964	16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	18.49%	20.37%	1.87%	10%
4	DISCHARGES	567	493	(74)	-13%
5	CASE MIX INDEX (CMI)	1.08580	1.26766	0.18186	17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	615.64860	624.95638	9.30778	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,787.60	\$4,311.98	\$524.37	14%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$4,499.06	\$4,446.34	(\$52.72)	-1%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,908.88	\$3,475.74	(\$433.14)	-11%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,406,497	\$2,172,188	(\$234,309)	-10%
11	PATIENT DAYS	2,548	2,600	52	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$915.16	\$1,036.46	\$121.30	13%
13	AVERAGE LENGTH OF STAY	4.5	5.3	0.8	17%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$13,304,483	\$10,574,526	(\$2,729,957)	-21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,164,640	\$1,756,436	(\$408,204)	-19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.27%	16.61%	0.34%	2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	105.51%	79.91%	-25.60%	-24%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	598.26045	393.97409	(204.28635)	-34%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,618.22	\$4,458.25	\$840.03	23%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$6,023.53	\$6,605.85	\$582.32	10%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,702.12	\$3,115.96	(\$586.16)	-16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,214,833	\$1,227,607	(\$987,226)	-45%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$25,913,777	\$23,806,973	(\$2,106,804)	-8%
24	TOTAL ACCRUED PAYMENTS	\$4,496,473	\$4,451,233	(\$45,240)	-1%
25	TOTAL ALLOWANCES	\$21,417,304	\$19,355,740	(\$2,061,564)	-10%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$4,621,330	\$3,399,795	(\$1,221,535)	-26%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$68,168,818	\$71,817,911	\$3,649,093	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$19,159,928	\$23,112,960	\$3,953,032	21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.11%	32.18%	4.08%	15%
4	DISCHARGES	3,850	4,535	685	18%
5	CASE MIX INDEX (CMI)	0.91918	0.96285	0.04367	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,538.83180	4,366.51452	827.68272	23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,414.20	\$5,293.23	(\$120.97)	-2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,872.47	\$3,465.09	\$592.62	21%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,282.29	\$2,494.49	\$212.20	9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,076,638	\$10,892,232	\$2,815,594	35%
11	PATIENT DAYS	15,154	17,079	1,925	13%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,264.35	\$1,353.30	\$88.95	7%
13	AVERAGE LENGTH OF STAY	3.9	3.8	(0.2)	-4%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$77,007,249	\$81,329,175	\$4,321,926	6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,571,988	\$30,631,243	\$6,059,255	25%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.91%	37.66%	5.75%	18%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	112.97%	113.24%	0.28%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,362.44282	5,275.56539	913.12257	21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,632.62	\$5,806.25	\$173.63	3%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,009.13	\$5,257.86	\$1,248.72	31%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,687.72	\$1,767.96	\$80.24	5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,362,599	\$9,326,998	\$1,964,399	27%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$145,176,067	\$153,147,086	\$7,971,019	5%
24	TOTAL ACCRUED PAYMENTS	\$43,731,916	\$53,744,203	\$10,012,287	23%
25	TOTAL ALLOWANCES	\$101,444,151	\$99,402,883	(\$2,041,268)	-2%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$517,947	\$754,937	\$236,990	46%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$108,143	\$182,086	\$73,943	68%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.88%	24.12%	3.24%	16%
4	DISCHARGES	33	37	4	12%
5	CASE MIX INDEX (CMI)	0.79620	0.96678	0.17058	21%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	26.27460	35.77086	9.49626	36%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,115.88	\$5,090.34	\$974.47	24%
8	PATIENT DAYS	130	185	55	42%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$831.87	\$984.25	\$152.38	18%
10	AVERAGE LENGTH OF STAY	3.9	5.0	1.1	27%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$661,469	\$669,381	\$7,912	1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$250,766	\$201,216	(\$49,550)	-20%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,179,416	\$1,424,318	\$244,902	21%
14	TOTAL ACCRUED PAYMENTS	\$358,909	\$383,302	\$24,393	7%
15	TOTAL ALLOWANCES	\$820,507	\$1,041,016	\$220,509	27%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$23,347,865	\$23,393,788	\$45,923	0%
2	TOTAL OPERATING EXPENSES	\$371,908,113	\$381,476,536	\$9,568,423	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,227,302	\$1,763,987	(\$463,315)	-21%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$5,631,704	\$8,420,571	\$2,788,867	50%
5	BAD DEBTS (CHARGES)	\$19,160,722	\$9,548,336	(\$9,612,386)	-50%
6	UNCOMPENSATED CARE (CHARGES)	\$24,792,426	\$17,968,907	(\$6,823,519)	-28%
7	COST OF UNCOMPENSATED CARE	\$9,645,035	\$7,461,610	(\$2,183,425)	-23%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$145,176,067	\$153,147,086	\$7,971,019	5%
9	TOTAL ACCRUED PAYMENTS	\$43,731,916	\$53,744,203	\$10,012,287	23%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$56,478,065	\$63,594,507	\$7,116,443	13%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$12,746,149	\$9,850,304	(\$2,895,844)	-23%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$430,799,767	\$416,962,565	(\$13,837,202)	-3%
2	TOTAL INPATIENT PAYMENTS	\$177,351,134	\$175,974,423	(\$1,376,711)	-1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	41.17%	42.20%	1.04%	3%
4	TOTAL DISCHARGES	20,067	19,517	(550)	-3%
5	TOTAL CASE MIX INDEX	1.17269	1.18640	0.01371	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	23,532,42210	23,155,05760	(377,36450)	-2%
7	TOTAL OUTPATIENT CHARGES	\$396,091,858	\$383,777,484	(\$12,314,374)	-3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	91.94%	92.04%	0.10%	0%
9	TOTAL OUTPATIENT PAYMENTS	\$166,900,888	\$172,738,743	\$5,837,855	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.14%	45.01%	2.87%	7%
11	TOTAL CHARGES	\$826,891,625	\$800,740,049	(\$26,151,576)	-3%
12	TOTAL PAYMENTS	\$344,252,022	\$348,713,166	\$4,461,144	1%
13	TOTAL PAYMENTS / TOTAL CHARGES	41.63%	43.55%	1.92%	5%
14	PATIENT DAYS	86,498	81,872	(4,626)	-5%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$310,332,107	\$302,514,913	(\$7,817,194)	-3%
2	INPATIENT PAYMENTS	\$115,502,426	\$116,075,225	\$572,799	0%
3	GOVT. INPATIENT PAYMENTS / CHARGES	37.22%	38.37%	1.15%	3%
4	DISCHARGES	13,104	13,310	206	2%
5	CASE MIX INDEX	1.22625	1.22584	(0.00041)	0%
6	CASE MIX ADJUSTED DISCHARGES	16,068.78240	16,315.93672	247.15432	2%
7	OUTPATIENT CHARGES	\$204,943,054	\$207,476,224	\$2,533,170	1%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	66.04%	68.58%	2.54%	4%
9	OUTPATIENT PAYMENTS	\$60,375,405	\$66,948,273	\$6,572,868	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.46%	32.27%	2.81%	10%
11	TOTAL CHARGES	\$515,275,161	\$509,991,137	(\$5,284,024)	-1%
12	TOTAL PAYMENTS	\$175,877,831	\$183,023,498	\$7,145,667	4%
13	TOTAL PAYMENTS / CHARGES	34.13%	35.89%	1.75%	5%
14	PATIENT DAYS	62,057	59,623	(2,434)	-4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$339,397,330	\$326,967,639	(\$12,429,691)	-4%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.1	4.8	(0.2)	-4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.6	0.1	2%
3	UNINSURED	3.7	3.2	(0.4)	-12%
4	MEDICAID	3.8	3.6	(0.3)	-7%
5	OTHER MEDICAL ASSISTANCE	4.5	5.3	0.8	17%
6	CHAMPUS / TRICARE	3.9	5.0	1.1	27%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.2	(0.1)	-3%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$826,891,625	\$800,740,049	(\$26,151,576)	-3%
2	TOTAL GOVERNMENT DEDUCTIONS	\$339,397,330	\$326,967,639	(\$12,429,691)	-4%
3	UNCOMPENSATED CARE	\$24,792,426	\$17,968,907	(\$6,823,519)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$143,242,273	\$125,059,244	(\$18,183,029)	-13%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$507,432,029	\$469,995,790	(\$37,436,239)	-7%
7	TOTAL ACCRUED PAYMENTS	\$319,459,596	\$330,744,259	\$11,284,663	4%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$2,227,302	\$1,763,987	(\$463,315)	-21%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$321,686,898	\$332,508,246	\$10,821,348	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3890315106	0.4152511747	0.0262196641	7%
11	COST OF UNCOMPENSATED CARE	\$9,645,035	\$7,461,610	(\$2,183,425)	-23%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$12,746,149	\$9,850,304	(\$2,895,844)	-23%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$22,391,184	\$17,311,914	(\$5,079,269)	-23%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$5,147,766	\$8,099,392	\$2,951,626	57%
2	OTHER MEDICAL ASSISTANCE	\$4,621,330	\$3,399,795	(\$1,221,535)	-26%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,246,170	\$2,969,998	(\$9,276,172)	-76%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$22,015,266	\$14,469,184	(\$7,546,082)	-34%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$25,829,053	\$18,469,683	(\$7,359,370)	-28.49%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$372,308,376	\$368,946,837	(\$3,361,539)	-0.90%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$7,766,252	\$8,584,797	\$818,545	10.54%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$834,657,876	\$809,324,847	(\$25,333,029)	-3.04%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$1,186,001	\$1,403,970	\$217,969	18.38%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$25,978,427	\$19,372,878	(\$6,605,549)	-25.43%

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$120,467,660	\$114,447,652	(\$6,020,008)
2	MEDICARE	\$241,645,342	229,942,065	(\$11,703,277)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$68,168,818	71,817,911	\$3,649,093
4	MEDICAID	\$55,559,524	58,585,464	\$3,025,940
5	OTHER MEDICAL ASSISTANCE	\$12,609,294	13,232,447	\$623,153
6	CHAMPUS / TRICARE	\$517,947	754,937	\$236,990
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,796,385	5,651,953	\$855,568
	TOTAL INPATIENT GOVERNMENT CHARGES	\$310,332,107	\$302,514,913	(\$7,817,194)
	TOTAL INPATIENT CHARGES	\$430,799,767	\$416,962,565	(\$13,837,202)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$191,148,804	\$176,301,260	(\$14,847,544)
2	MEDICARE	\$127,274,336	125,477,668	(\$1,796,668)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$77,007,249	81,329,175	\$4,321,926
4	MEDICAID	\$63,702,766	70,754,649	\$7,051,883
5	OTHER MEDICAL ASSISTANCE	\$13,304,483	10,574,526	(\$2,729,957)
6	CHAMPUS / TRICARE	\$661,469	669,381	\$7,912
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$15,715,137	14,929,960	(\$785,177)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$204,943,054	\$207,476,224	\$2,533,170
	TOTAL OUTPATIENT CHARGES	\$396,091,858	\$383,777,484	(\$12,314,374)
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$311,616,464	\$290,748,912	(\$20,867,552)
2	TOTAL MEDICARE	\$368,919,678	\$355,419,733	(\$13,499,945)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$145,176,067	\$153,147,086	\$7,971,019
4	TOTAL MEDICAID	\$119,262,290	\$129,340,113	\$10,077,823
5	TOTAL OTHER MEDICAL ASSISTANCE	\$25,913,777	\$23,806,973	(\$2,106,804)
6	TOTAL CHAMPUS / TRICARE	\$1,179,416	\$1,424,318	\$244,902
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20,511,522	\$20,581,913	\$70,391
	TOTAL GOVERNMENT CHARGES	\$515,275,161	\$509,991,137	(\$5,284,024)
	TOTAL CHARGES	\$826,891,625	\$800,740,049	(\$26,151,576)
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,848,708	\$59,899,198	(\$1,949,510)
2	MEDICARE	\$96,234,355	92,780,179	(\$3,454,176)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,159,928	23,112,960	\$3,953,032
4	MEDICAID	\$16,828,095	20,418,163	\$3,590,068
5	OTHER MEDICAL ASSISTANCE	\$2,331,833	2,694,797	\$362,964
6	CHAMPUS / TRICARE	\$108,143	182,086	\$73,943
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$45,806	583,493	\$537,687
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$115,502,426	\$116,075,225	\$572,799
	TOTAL INPATIENT PAYMENTS	\$177,351,134	\$175,974,423	(\$1,376,711)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$106,525,483	\$105,790,470	(\$735,013)
2	MEDICARE	\$35,552,651	36,115,814	\$563,163
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,571,988	30,631,243	\$6,059,255
4	MEDICAID	\$22,407,348	28,874,807	\$6,467,459
5	OTHER MEDICAL ASSISTANCE	\$2,164,640	1,756,436	(\$408,204)
6	CHAMPUS / TRICARE	\$250,766	201,216	(\$49,550)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,421,250	5,500,273	\$3,079,023
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$60,375,405	\$66,948,273	\$6,572,868
	TOTAL OUTPATIENT PAYMENTS	\$166,900,888	\$172,738,743	\$5,837,855
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$168,374,191	\$165,689,668	(\$2,684,523)
2	TOTAL MEDICARE	\$131,787,006	\$128,895,993	(\$2,891,013)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$43,731,916	\$53,744,203	\$10,012,287
4	TOTAL MEDICAID	\$39,235,443	\$49,292,970	\$10,057,527
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,496,473	\$4,451,233	(\$45,240)
6	TOTAL CHAMPUS / TRICARE	\$358,909	\$383,302	\$24,393
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,467,056	\$6,083,766	\$3,616,710
	TOTAL GOVERNMENT PAYMENTS	\$175,877,831	\$183,023,498	\$7,145,667
	TOTAL PAYMENTS	\$344,252,022	\$348,713,166	\$4,461,144

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.57%	14.29%	-0.28%
2	MEDICARE	29.22%	28.72%	-0.51%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.24%	8.97%	0.72%
4	MEDICAID	6.72%	7.32%	0.60%
5	OTHER MEDICAL ASSISTANCE	1.52%	1.65%	0.13%
6	CHAMPUS / TRICARE	0.06%	0.09%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.58%	0.71%	0.13%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	37.53%	37.78%	0.25%
	TOTAL INPATIENT PAYER MIX	52.10%	52.07%	-0.03%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.12%	22.02%	-1.10%
2	MEDICARE	15.39%	15.67%	0.28%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.31%	10.16%	0.84%
4	MEDICAID	7.70%	8.84%	1.13%
5	OTHER MEDICAL ASSISTANCE	1.61%	1.32%	-0.29%
6	CHAMPUS / TRICARE	0.08%	0.08%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.90%	1.86%	-0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	24.78%	25.91%	1.13%
	TOTAL OUTPATIENT PAYER MIX	47.90%	47.93%	0.03%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.97%	17.18%	-0.79%
2	MEDICARE	27.95%	26.61%	-1.35%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.57%	6.63%	1.06%
4	MEDICAID	4.89%	5.86%	0.97%
5	OTHER MEDICAL ASSISTANCE	0.68%	0.77%	0.10%
6	CHAMPUS / TRICARE	0.03%	0.05%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.01%	0.17%	0.15%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	33.55%	33.29%	-0.26%
	TOTAL INPATIENT PAYER MIX	51.52%	50.46%	-1.05%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.94%	30.34%	-0.61%
2	MEDICARE	10.33%	10.36%	0.03%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.14%	8.78%	1.65%
4	MEDICAID	6.51%	8.28%	1.77%
5	OTHER MEDICAL ASSISTANCE	0.63%	0.50%	-0.13%
6	CHAMPUS / TRICARE	0.07%	0.06%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.70%	1.58%	0.87%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	17.54%	19.20%	1.66%
	TOTAL OUTPATIENT PAYER MIX	48.48%	49.54%	1.05%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,963	6,207	(756)
2	MEDICARE	9,221	8,738	(483)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,850	4,535	685
4	MEDICAID	3,283	4,042	759
5	OTHER MEDICAL ASSISTANCE	567	493	(74)
6	CHAMPUS / TRICARE	33	37	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	460	334	(126)
	TOTAL GOVERNMENT DISCHARGES	13,104	13,310	206
	TOTAL DISCHARGES	20,067	19,517	(550)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24,441	22,249	(2,192)
2	MEDICARE	46,773	42,359	(4,414)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,154	17,079	1,925
4	MEDICAID	12,606	14,479	1,873
5	OTHER MEDICAL ASSISTANCE	2,548	2,600	52
6	CHAMPUS / TRICARE	130	185	55
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,698	1,083	(615)
	TOTAL GOVERNMENT PATIENT DAYS	62,057	59,623	(2,434)
	TOTAL PATIENT DAYS	86,498	81,872	(4,626)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.6	0.1
2	MEDICARE	5.1	4.8	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.9	3.8	(0.2)
4	MEDICAID	3.8	3.6	(0.3)
5	OTHER MEDICAL ASSISTANCE	4.5	5.3	0.8
6	CHAMPUS / TRICARE	3.9	5.0	1.1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.7	3.2	(0.4)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.7	4.5	(0.3)
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.2	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.07190	1.10184	0.02994
2	MEDICARE	1.35600	1.36343	0.00743
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.91918	0.96285	0.04367
4	MEDICAID	0.89040	0.92567	0.03527
5	OTHER MEDICAL ASSISTANCE	1.08580	1.26766	0.18186
6	CHAMPUS / TRICARE	0.79620	0.96678	0.17058
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03950	0.91161	(0.12789)
	TOTAL GOVERNMENT CASE MIX INDEX	1.22625	1.22584	(0.00041)
	TOTAL CASE MIX INDEX	1.17269	1.18640	0.01371
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$304,547,819	\$284,611,249	(\$19,936,570)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$161,305,546	\$159,552,005	(\$1,753,541)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$143,242,273	\$125,059,244	(\$18,183,029)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.03%	43.94%	-3.09%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$2,227,302	\$1,763,987	(\$463,315)
8	CHARITY CARE	\$5,631,704	\$8,420,571	\$2,788,867
9	BAD DEBTS	\$19,160,722	\$9,548,336	(\$9,612,386)
10	TOTAL UNCOMPENSATED CARE	\$24,792,426	\$17,968,907	(\$6,823,519)
11	TOTAL OTHER OPERATING REVENUE	\$304,547,819	\$284,611,249	(\$19,936,570)
12	TOTAL OPERATING EXPENSES	\$371,908,113	\$381,476,536	\$9,568,423

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,463.63970	6,839.12088	(624.51882)
2	MEDICARE	12,503.67600	11,913.65134	(590.02466)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,538.83180	4,366.51452	827.68272
4	MEDICAID	2,923.18320	3,741.55814	818.37494
5	OTHER MEDICAL ASSISTANCE	615.64860	624.95638	9.30778
6	CHAMPUS / TRICARE	26.27460	35.77086	9.49626
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	478.17000	304.47774	(173.69226)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	16,068.78240	16,315.93672	247.15432
	TOTAL CASE MIX ADJUSTED DISCHARGES	23,532.42210	23,155.05760	(377.36450)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11,048.35208	9,561.59346	-1,486.75862
2	MEDICARE	4,856.69056	4,768.26136	-88.42921
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,362.44282	5,275.56539	913.12257
4	MEDICAID	3,764.18237	4,881.59130	1,117.40893
5	OTHER MEDICAL ASSISTANCE	598.26045	393.97409	-204.28635
6	CHAMPUS / TRICARE	42.14423	32.80684	-9.33739
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,507.16905	882.28027	-624.88878
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	9,261.27761	10,076.63359	815.35598
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	20,309.62969	19,638.22705	-671.40264
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,286.67	\$8,758.32	\$471.65
2	MEDICARE	\$7,696.49	\$7,787.72	\$91.23
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,414.20	\$5,293.23	(\$120.97)
4	MEDICAID	\$5,756.77	\$5,457.13	(\$299.64)
5	OTHER MEDICAL ASSISTANCE	\$3,787.60	\$4,311.98	\$524.37
6	CHAMPUS / TRICARE	\$4,115.88	\$5,090.34	\$974.47
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$95.79	\$1,916.37	\$1,820.58
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,188.00	\$7,114.22	(\$73.78)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,536.46	\$7,599.83	\$63.37
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,641.75	\$11,064.10	\$1,422.35
2	MEDICARE	\$7,320.35	\$7,574.21	\$253.87
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,632.62	\$5,806.25	\$173.63
4	MEDICAID	\$5,952.78	\$5,915.04	(\$37.74)
5	OTHER MEDICAL ASSISTANCE	\$3,618.22	\$4,458.25	\$840.03
6	CHAMPUS / TRICARE	\$5,950.19	\$6,133.36	\$183.17
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,606.49	\$6,234.16	\$4,627.67
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,519.12	\$6,643.91	\$124.79
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,217.82	\$8,796.05	\$578.23

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$5,147,766	\$8,099,392	\$2,951,626
2	OTHER MEDICAL ASSISTANCE	\$4,621,330	\$3,399,795	(\$1,221,535)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,246,170	\$2,969,998	(\$9,276,172)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$22,015,266	\$14,469,184	(\$7,546,082)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$826,891,625	\$800,740,049	(\$26,151,576)
2	TOTAL GOVERNMENT DEDUCTIONS	\$339,397,330	\$326,967,639	(\$12,429,691)
3	UNCOMPENSATED CARE	\$24,792,426	\$17,968,907	(\$6,823,519)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$143,242,273	\$125,059,244	(\$18,183,029)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$507,432,029	\$469,995,790	(\$37,436,239)
7	TOTAL ACCRUED PAYMENTS	\$319,459,596	\$330,744,259	\$11,284,663
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,227,302	\$1,763,987	(\$463,315)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$321,686,898	\$332,508,246	\$10,821,348
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3890315106	0.4152511747	0.0262196641
11	COST OF UNCOMPENSATED CARE	\$9,645,035	\$7,461,610	(\$2,183,425)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$12,746,149	\$9,850,304	(\$2,895,844)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$22,391,184	\$17,311,914	(\$5,079,269)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.34%	52.34%	1.00%
2	MEDICARE	39.82%	40.35%	0.52%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.11%	32.18%	4.08%
4	MEDICAID	30.29%	34.85%	4.56%
5	OTHER MEDICAL ASSISTANCE	18.49%	20.37%	1.87%
6	CHAMPUS / TRICARE	20.88%	24.12%	3.24%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.96%	10.32%	9.37%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	37.22%	38.37%	1.15%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	41.17%	42.20%	1.04%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	55.73%	60.01%	4.28%
2	MEDICARE	27.93%	28.78%	0.85%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	31.91%	37.66%	5.75%
4	MEDICAID	35.17%	40.81%	5.63%
5	OTHER MEDICAL ASSISTANCE	16.27%	16.61%	0.34%
6	CHAMPUS / TRICARE	37.91%	30.06%	-7.85%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	15.41%	36.84%	21.43%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	29.46%	32.27%	2.81%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	42.14%	45.01%	2.87%

THE HOSPITAL OF CENTRAL CONNECTICUT TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$344,252,022	\$348,713,166	\$4,461,144
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,227,302	\$1,763,987	(\$463,315)
	OHCA DEFINED NET REVENUE	\$346,479,324	\$350,477,153	\$3,997,829
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$25,829,053	\$18,469,683	(\$7,359,370)
4	CALCULATED NET REVENUE	\$372,308,377	\$368,946,836	(\$3,361,541)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$372,308,376	\$368,946,837	(\$3,361,539)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	(\$1)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$826,891,625	\$800,740,049	(\$26,151,576)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$7,766,252	\$8,584,797	\$818,545
	CALCULATED GROSS REVENUE	\$834,657,877	\$809,324,846	(\$25,333,031)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$834,657,876	\$809,324,847	(\$25,333,029)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	(\$1)	(\$2)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,792,426	\$17,968,907	(\$6,823,519)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,186,001	\$1,403,970	\$217,969
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$25,978,427	\$19,372,877	(\$6,605,550)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$25,978,427	\$19,372,878	(\$6,605,549)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$1)	(\$1)

THE HOSPITAL OF CENTRAL CONNECTICUT TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$114,447,652
2	MEDICARE	229,942,065
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	71,817,911
4	MEDICAID	58,585,464
5	OTHER MEDICAL ASSISTANCE	13,232,447
6	CHAMPUS / TRICARE	754,937
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,651,953
	TOTAL INPATIENT GOVERNMENT CHARGES	\$302,514,913
	TOTAL INPATIENT CHARGES	\$416,962,565
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$176,301,260
2	MEDICARE	125,477,668
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	81,329,175
4	MEDICAID	70,754,649
5	OTHER MEDICAL ASSISTANCE	10,574,526
6	CHAMPUS / TRICARE	669,381
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	14,929,960
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$207,476,224
	TOTAL OUTPATIENT CHARGES	\$383,777,484
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$290,748,912
2	TOTAL GOVERNMENT ACCRUED CHARGES	509,991,137
	TOTAL ACCRUED CHARGES	\$800,740,049
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,899,198
2	MEDICARE	92,780,179
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23,112,960
4	MEDICAID	20,418,163
5	OTHER MEDICAL ASSISTANCE	2,694,797
6	CHAMPUS / TRICARE	182,086
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	583,493
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$116,075,225
	TOTAL INPATIENT PAYMENTS	\$175,974,423
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$105,790,470
2	MEDICARE	36,115,814
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30,631,243
4	MEDICAID	28,874,807
5	OTHER MEDICAL ASSISTANCE	1,756,436
6	CHAMPUS / TRICARE	201,216
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,500,273
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$66,948,273
	TOTAL OUTPATIENT PAYMENTS	\$172,738,743
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$165,689,668
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	183,023,498
	TOTAL ACCRUED PAYMENTS	\$348,713,166

THE HOSPITAL OF CENTRAL CONNECTICUT TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,207
2	MEDICARE	8,738
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,535
4	MEDICAID	4,042
5	OTHER MEDICAL ASSISTANCE	493
6	CHAMPUS / TRICARE	37
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	334
	TOTAL GOVERNMENT DISCHARGES	13,310
	TOTAL DISCHARGES	19,517
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.10184
2	MEDICARE	1.36343
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96285
4	MEDICAID	0.92567
5	OTHER MEDICAL ASSISTANCE	1.26766
6	CHAMPUS / TRICARE	0.96678
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.91161
	TOTAL GOVERNMENT CASE MIX INDEX	1.22584
	TOTAL CASE MIX INDEX	1.18640
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$284,611,249
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$159,552,005
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$125,059,244
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.94%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$1,763,987
8	CHARITY CARE	\$8,420,571
9	BAD DEBTS	\$9,548,336
10	TOTAL UNCOMPENSATED CARE	\$17,968,907
11	TOTAL OTHER OPERATING REVENUE	\$23,393,788
12	TOTAL OPERATING EXPENSES	\$381,476,536

THE HOSPITAL OF CENTRAL CONNECTICUT TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$348,713,166
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,763,987
	OHCA DEFINED NET REVENUE	\$350,477,153
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$18,469,683
	CALCULATED NET REVENUE	\$368,946,836
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$368,946,837
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$800,740,049
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$8,584,797
	CALCULATED GROSS REVENUE	\$809,324,846
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$809,324,847
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$17,968,907
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,403,970
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$19,372,877
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$19,372,878
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)

THE HOSPITAL OF CENTRAL CONNECTICUT TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	1,274	1,331	57	4%
2	Number of Approved Applicants	370	374	4	1%
3	Total Charges (A)	\$5,631,704	\$8,420,571	\$2,788,867	50%
4	Average Charges	\$15,221	\$22,515	\$7,294	48%
5	Ratio of Cost to Charges (RCC)	0.386012	0.437416	0.051404	13%
6	Total Cost	\$2,173,905	\$3,683,292	\$1,509,387	69%
7	Average Cost	\$5,875	\$9,848	\$3,973	68%
8	Charity Care - Inpatient Charges	\$3,083,264	\$2,509,336	(\$573,928)	-19%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,616,712	4,218,340	2,601,628	161%
10	Charity Care - Emergency Department Charges	931,728	1,692,895	761,167	82%
11	Total Charges (A)	\$5,631,704	\$8,420,571	\$2,788,867	50%
12	Charity Care - Number of Patient Days	5,193	4,669	(524)	-10%
13	Charity Care - Number of Discharges	1,014	908	(106)	-10%
14	Charity Care - Number of Outpatient ED Visits	1,697	5,769	4,072	240%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3,743	4,290	547	15%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$5,668,702	\$3,044,450	(\$2,624,252)	-46%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,284,104	1,735,841	(1,548,263)	-47%
3	Bad Debts - Emergency Department	10,207,916	4,768,045	(5,439,871)	-53%
4	Total Bad Debts (A)	\$19,160,722	\$9,548,336	(\$9,612,386)	-50%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$5,631,704	\$8,420,571	\$2,788,867	50%
2	Bad Debts (A)	19,160,722	9,548,336	(9,612,386)	-50%
3	Total Uncompensated Care (A)	\$24,792,426	\$17,968,907	(\$6,823,519)	-28%
4	Uncompensated Care - Inpatient Services	\$8,751,966	\$5,553,786	(\$3,198,180)	-37%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	4,900,816	5,954,181	1,053,365	21%
6	Uncompensated Care - Emergency Department	11,139,644	6,460,940	(4,678,704)	-42%
7	Total Uncompensated Care (A)	\$24,792,426	\$17,968,907	(\$6,823,519)	-28%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$449,595,311	\$430,799,767	\$416,962,565
2	Outpatient Gross Revenue	\$379,679,923	\$396,091,858	\$383,777,484
3	Total Gross Patient Revenue	\$829,275,234	\$826,891,625	\$800,740,049
4	Net Patient Revenue	\$345,056,579	\$367,733,027	\$364,911,931
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$353,800,187	\$371,908,113	\$381,476,536
C. <u>Utilization Statistics</u>				
1	Patient Days	88,799	86,498	81,872
2	Discharges	20,981	20,067	19,517
3	Average Length of Stay	4.2	4.3	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	163,789	166,027	157,228
0	Equivalent (Adjusted) Discharges (ED)	38,699	38,517	37,481
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.13541	1.17269	1.18640
2	Case Mix Adjusted Patient Days (CMAPD)	100,823	101,436	97,133
3	Case Mix Adjusted Discharges (CMAD)	23,822	23,532	23,155
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	185,967	194,699	186,536
5	Case Mix Adjusted Equivalent Discharges (CMAED)	43,939	45,169	44,467
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$9,339	\$9,560	\$9,780
2	Total Gross Revenue per Discharge	\$39,525	\$41,207	\$41,028
3	Total Gross Revenue per EPD	\$5,063	\$4,980	\$5,093
4	Total Gross Revenue per ED	\$21,429	\$21,468	\$21,364
5	Total Gross Revenue per CMAEPD	\$4,459	\$4,247	\$4,293
6	Total Gross Revenue per CMAED	\$18,873	\$18,307	\$18,007
7	Inpatient Gross Revenue per EPD	\$2,745	\$2,595	\$2,652
8	Inpatient Gross Revenue per ED	\$11,618	\$11,185	\$11,125

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,886	\$4,251	\$4,457
2	Net Patient Revenue per Discharge	\$16,446	\$18,325	\$18,697
3	Net Patient Revenue per EPD	\$2,107	\$2,215	\$2,321
4	Net Patient Revenue per ED	\$8,916	\$9,547	\$9,736
5	Net Patient Revenue per CMAEPD	\$1,855	\$1,889	\$1,956
6	Net Patient Revenue per CMAED	\$7,853	\$8,141	\$8,206
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,984	\$4,300	\$4,659
2	Total Operating Expense per Discharge	\$16,863	\$18,533	\$19,546
3	Total Operating Expense per EPD	\$2,160	\$2,240	\$2,426
4	Total Operating Expense per ED	\$9,142	\$9,656	\$10,178
5	Total Operating Expense per CMAEPD	\$1,902	\$1,910	\$2,045
6	Total Operating Expense per CMAED	\$8,052	\$8,234	\$8,579
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$50,065,672	\$50,992,421	\$50,879,413
2	Nursing Fringe Benefits Expense	\$15,157,065	\$15,207,538	\$18,188,771
3	Total Nursing Salary and Fringe Benefits Expense	\$65,222,737	\$66,199,959	\$69,068,184
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$20,999,434	\$21,902,358	\$22,602,893
2	Physician Fringe Benefits Expense	\$6,357,446	\$6,531,970	\$8,080,259
3	Total Physician Salary and Fringe Benefits Expense	\$27,356,880	\$28,434,328	\$30,683,152
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$72,008,323	\$71,621,671	\$71,923,201
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$21,800,063	\$21,359,827	\$25,711,669
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$93,808,386	\$92,981,498	\$97,634,870
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$143,073,429	\$144,516,450	\$145,405,507
2	Total Fringe Benefits Expense	\$43,314,574	\$43,099,335	\$51,980,699
3	Total Salary and Fringe Benefits Expense	\$186,388,003	\$187,615,785	\$197,386,206

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2008</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	647.3	647.5	634.3
2	Total Physician FTEs	109.1	111.9	111.0
3	Total Non-Nursing, Non-Physician FTEs	1500.3	1464.8	1420.8
4	Total Full Time Equivalent Employees (FTEs)	2,256.7	2,224.2	2,166.1
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$77,345	\$78,753	\$80,213
2	Nursing Fringe Benefits Expense per FTE	\$23,416	\$23,487	\$28,675
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$100,761	\$102,239	\$108,889
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$192,479	\$195,732	\$203,630
2	Physician Fringe Benefits Expense per FTE	\$58,272	\$58,373	\$72,795
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$250,751	\$254,105	\$276,425
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$47,996	\$48,895	\$50,622
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,530	\$14,582	\$18,097
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$62,526	\$63,477	\$68,718
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$63,399	\$64,975	\$67,128
2	Total Fringe Benefits Expense per FTE	\$19,194	\$19,377	\$23,997
3	Total Salary and Fringe Benefits Expense per FTE	\$82,593	\$84,352	\$91,125
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,099	\$2,169	\$2,411
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,884	\$9,349	\$10,114
3	Total Salary and Fringe Benefits Expense per EPD	\$1,138	\$1,130	\$1,255
4	Total Salary and Fringe Benefits Expense per ED	\$4,816	\$4,871	\$5,266
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,002	\$964	\$1,058
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,242	\$4,154	\$4,439